

100000012007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

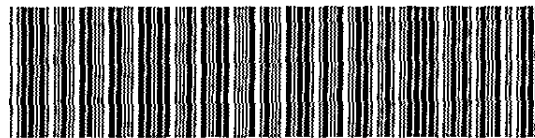
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100035394821

05/06/04--01065--023 **50.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

04 MAY -6 AM 11:54

FILED

PS 5/13/04
Rt Ros.

LAW OFFICES OF
LEE MAX ROTHMAN, P.A.
ONE EXECUTIVE COURT
2295 CORPORATE BLVD, N.W., SUITE 110
BOCA RATON, FL 33431
TELEPHONE (561) 241-5500 FAX (561) 241-5509

May 5, 2004

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

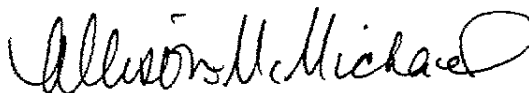
**Re: Resignation of Registered Agent for:
Yukon of Florida, LLC and Lucille Island 28, LLC**

Dear Sir or Madam:

Enclosed for filing with the State please find an original Resignation of Registered Agent form for the two limited liability companies referenced above, along with a check in the amount of \$50.00 (2 at \$25 each).

If you have any questions or require anything further, please do not hesitate to contact the undersigned.

Very truly yours,



Allison McMichael
Legal Assistant

amm
enclosure

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

FILED

04 MAY -6 AM 11:5

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Lee M. Rothman, Esquire

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

Yukon of Florida, L.L.C.

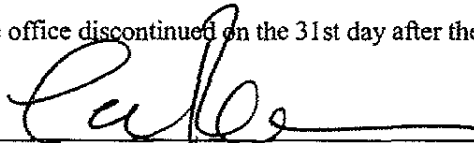
(Name of Limited Liability Company)

L000000012007

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314