

	וו. דמחר	N-2 P 12:	18		
(Requestor's Name)	SECR TALLA	TARY OF STA	ATE RIDA		
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(City/State/Zip/Phone #)					
(Business Entity Name) L -/Le/OLO			05/18/05·	01014006	**35.00
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Glenda E. Hood Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA

Letter Number: 205A00037461

May 24, 2005

ROBERT J. GORMAN, ESQ. 1209 DELAWARE AVE. FT. PIERCE, FL 34950

SUBJECT: JUPITER ISLE OF FLORIDA ASSOCIATES, L.L.C.

Ref. Number: L00000016106

We have received your document for JUPITER ISLE OF FLORIDA ASSOCIATES, L.L.C.. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED

TRANSMITTAL LETTER

2005 JUN -2 P 12: 18

TO:	Amendment Section Division of Corporations	SECRETARY OF STATE TALLAHASSEE. FLORIDA
SUB.	JECT: Jupiter Isle of Florida Associates, LLC	oration)
DOC	CUMENT NUMBER: L00000016106	
The e	enclosed Resignation of Registered Agent for a Cor	poration and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter	to the following:
Rol	pert J. Gorman, Esquire (Name of Person)	
Rol	bert J. Gorman, P.A. (Name of Firm/Company)	<u>.</u>
120	09 Delaware Avenue (Address)	
For	t Pierce, FL 34950 (City/State and Zip Code)	
For f	further information concerning this matter, please co	all:
Cor		465-5311 Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LED LIABILITY COMPANY

2005 JUN -2 ₱ 12: 18

Pursuant to the provisio	SECRE 7 ons of section 608.416(2) or 608.509, Florida Statutes, the undersigned, AHA	ARY OF STATE
	rman, Esquire, hereby resigns as	COMID
	(Name of Registered Agent)	-
Registered Agent for	Jupiter Isle of Florida Associates, LLC	
	(Name of Limited Liability Company)	
L00000016106		
(Document Nun	mber, if known)	
A copy of this resignation	lon was mailed to the above listed limited liability company at its last known	address.
The agency is terminate	ed and the office discontinued on the 31st day after the date on which this st	atement is filed.
	Robert Horman	
	(Signature of Resigning Agent)	**
If signing on behalf of a	an entity:	
	(Typed or Printed Name)	
	(Capacity)	
already		
paid of Dissalued)	\$ 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