# 10100002459

<b>'.</b>	•	
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
, ,		

Office Use Only



100133816021

08/04/08--01030--010 \*\*85.00

SECRETARY OF STATE

PARED COR

### **COVER LETTER**

Division of Corporations
SUBJECT: VISTOS International Realty, LLC (Name of Limited Liability Company)  DOCUMENT NUMBER: LO 1000002459
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
I Gracio J. Hawley (Name of Person)
Vistor International Realty, LLC (Name of Firm/Company)
2100 Ponce de Leon, SuiTe#1070 (Address)
Coral Gables, FL 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at ( ) 200 L997 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

# MAILING ADDRESS:

TO:

Amendment Section

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

#### STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	
Francis N. Hawley , hereby resigns as (Name of Registered Agent)	
Registered Agent for VISED International Realty, LLC.	
(Name of Limited Liability Company)	
(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)	ı,
(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withdrawn limited liability company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