

JAN-27-2009 TUE 09:15 AM

Division of Corporations

FAX NO.

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L01000005220

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305) 357-5775
Fax Number : (305) 357-5534

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 27 PM 3:09

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REGISTERED AGENT RESIGNATION

LC HARBOR REALTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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FAX NO.

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850-817-8381

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Florida Dept of State



January 22, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LC HARBOR REALTY, LLC
429 LENOX AVE.
MIAMI BEACH, FL 33139

SUBJECT: LC HARBOR REALTY, LLC
REF: L01000005220

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The form submitted is not the correct form, you need to use a registered agent resignation form for a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H09000015212
Letter Number: 609A00002403

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P.O BOX 6327 - Tallahassee, Florida 32314

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FAX NO.

P. 02/03

((H09000018687 3)))

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,

David Shear

(Name of Registered Agent)

, hereby resigns as

Registered Agent for LC Harbor Realty, LLC

(Name of Limited Liability Company)

L01000005220

(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

INHS17 (08/05)

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