

L010000006871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

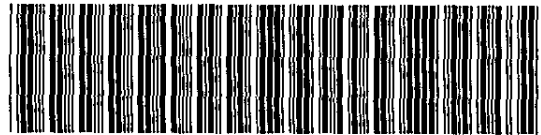
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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000064471890

resignation  
to  
RA

02/10/06--01024--016 \*\*85.00

FILED  
06 MAR -1 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/2/06 RA. Resign  
G. Ouellette FEB 14 2008

Greenberg Traurig, P.A.

Requester's Name

Address

City/State/Zip

Phone #

Please call June at 222-6891 when ready.  
Thank you!

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Callaway Park II, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time PLS call

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

☒ date-stamped  
copy

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2006

GREENBERG TRAURIG

TALLAHASSEE, FL

SUBJECT: CALLAWAY PARK II, LLC  
Ref. Number: L01000006871

We have received your document for CALLAWAY PARK II, LLC and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Resigning agent must sign.

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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 506A00010231

RECEIVED  
06 MAR - 1 PM 3:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CALLAWAY PARK II, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L01000006871

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:

Pedro A. Martin  
(Name of Person)

Greenberg Traurig, P.A.  
(Name of Firm/Company)

1221 Brickell Avenue  
(Address)

Miami, FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pedro A. Martin at ( 305 ) 579-0545  
(Name of Person) (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:**  
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 LIABILITY COMPANY

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

Pedro A. Martin, hereby resigns as  
(Name of Registered Agent)

Registered Agent for \_\_\_\_\_  
CALLAWAY PARK II, LLC  
(Name of Limited Liability Company)

L01000006871  
(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:

Pedro A. Martin  
(Typed or Printed Name)  
Registered Agent  
(Capacity)

FILED  
06 MAR -1 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **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