## Electronic Filing Cover Sheet

Public Access System

Note: Please print this page and use It as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000232512 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

In Rosentha

Account Name Account Number : I19990000010

: BROAD AND CASSEL-WPB

: (561)832-3300

Phone Fax Number

: (561)655-1109

## REGISTERED AGENT RESIGNATION

SUN ATLANTIC PROPERTIES, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

09999,9999 https://efile.sunbiz.org/scripts/efilcovr.exe

9/20/2006

(((H06000232512 3)))

2006 SEP 20 PM 2: 18

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED, UF STATE LIABILITY COMPANY TALLAHASSEE, FLORIDA

Fursuant to the provis	ions of section 50	8.416(2) or 608.509, Flor	ida Statutes, the undersigned,
Patricia Lebow, F	P.A.		, hereby resigns as
	(Name of Register	red Agent)	, manday rootem as
Registered Agent for	Sun Atlantic F	Properties, LLC	
	(Name	of Limited Liability Company	")
L01000007183			
(Decument Nu	mber, if known)	<del></del>	•
A copy of this resignat	tion was mailed to	the above listed limited l	iability company at its last known address.
The agency is terminal	ted and the office.	discontinued on the 31st of the 31st of the 31st of Resigning Agen	day after the date on which this statement is filed.
If signing on behalf of	an entity:		
	Patricia Leb	oow	
	President	(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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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