

LO1 000008342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

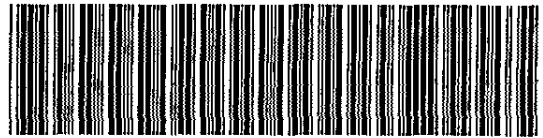
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LO1-8342

OK

# H. COLLINS FORMAN, JR., P.A.

Telephone (954) 764-0005  
Facsimile (954) 764-1478

1323 Southeast Third Avenue  
Fort Lauderdale, Florida 33316

December 31, 2003

Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: College Business Park, LLC

Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered Agent and a Resignation of Registered Agent for a Limited Liability Company, along with this firms check in the amount of \$110.00 for filing fees. If you have any questions, please contact the undersigned.

Sincerely yours,

  
Cindy Cochick, Secretary to  
H. COLLINS FORMAN, JR.

/cc  
encls.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** College Business Park, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L01000008342

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:

H. Collins Forman, Jr., Esq.  
(Name of Person)

H. Collins Forman, Jr., P.A.  
(Name of Firm/Company)

1323 SE 3rd Avenue  
(Address)

FtL, FL 33316  
(City/State and Zip Code)

For further information concerning this matter, please call:

H. Collins Forman, Jr. at ( 954 ) 764-0005  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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,

M. Austin Forman, hereby resigns as  
(Name of Registered Agent)

Registered Agent for College Business Park, LLC

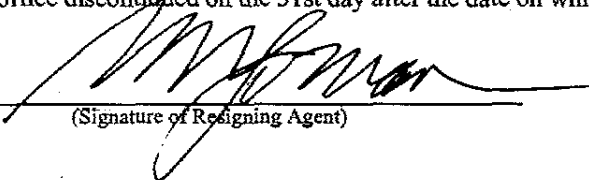
(Name of Limited Liability Company)

L01000008342

(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:

M. Austin Forman

(Typed or Printed Name)

Manager

(Capacity)

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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