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SECRETARY OF STATE
FALLAHASSEF F.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	s ·		
SUBJECT: 1237 BISCAYN	E BOULEVARD, LLC		
	(Name of Limited Liability Co	mpany)	
DOCUMENT NUMBER: LO	1000019270		
The enclosed Resignation of Refor filing.	gistered Agent for a Limited Li	ability Company a	nd fee are submitted
Please return all correspondence	e concerning this matter to the f	ollowing:	
Pedro A. Martin			<i>\$</i> 00 ⊜
(Name of	Person)		[] 6
			UN 22 PH RETARY OF AHASSEE.
Greenberg Traurig, P.A.			AR SS
(Name of Firr	n/Company)		
1221 Brickell Avenue			O6 JUN 22 PM 12: LI SECRETARY OF STATE ALLAHASSEE, FLORIO
(Addr	ess)		
=			Ş.,, —
Miami, FL 33131			
(City/State an	d Zip Code)		
For further information concern	ing this matter, please call:		
Pedro A. Martin	305	579-0545	
(Name of Person	at (<u>305</u>) (Area Code &	Daytime Telephon	e Number)
(Name of Felson	(Anda Code de	Daytimo retopnon	, , , , , , , , , , , , , , , , , , , ,
Enclosed is a check made payal liability company or \$25.00 for liability company.	ole to the Florida Department of an administratively dissolved, v	State for \$85.00 fooduntarily dissolv	or an active limited ed or withdrawn limited
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		

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Fl	orida Statutes, the undersigned	l,	
Pedro A. Martin		, hereby resigns as		
	(Name of Registered Agent)	,,,,,		
Registered Agent for _				
1237 BISCAYNE	BOULEVARD, LLC		_	
	(Name of Limited Liability Comp	any)		
L01000019270				
(Document Nu	mber, if known)			
••	tion was mailed to the above listed limite ted and the office discontinued on the 31 Signature of Resigning A	st day after the date on which t	this statement is filed.	<u>п</u> =
If signing on behalf of	an entity:			7
	Pedro A. Martin		PHIZ: 4 OF STATI	j
	(Typed or Printed Nam Registered Agent	е)	AIE RIDA	
	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.5	509, Florida Statutes, the undersigned,	
Pedro A. Martin		, hereby resigns as	
	(Name of Registered Agent)	, , not only tool girls and	
Registered Agent for _		•	
1237 BISCAYNE	BOULEVARD, LLC		
	(Name of Limited Liability	Company)	
L01000019270			
(Document Nu	mber, if known)		
		the 31st day after the date on which the annual Agent)	AR S TI
If signing on behalf of	an entity:		3 -
•	Pedro A. Martin		.,,-
	(Typed or Print Registered Agent	ed Name)	
	(Canacity)	•	

FILING FEES:
\$ 85.00 Active limited liability company
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