## L0/000019377

(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates of	of Status		
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R.A. Resign'

C. Coulliette FED | Q 2006

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Greenberg Traurig, P.A.		
Requester's Name		
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Address		
City/State/Zip Phone #		
Please call June at 222-6891 whe	n roads	
Thank you!	in reday.	
		Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if	known):
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1. (Corporation Name)	(Document #)	sup, LCC
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2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
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4. (Corporation Name)	(Document #)	
Walk in Pick up time PL	r	Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	Adate-Sternped Copy
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Profit Not for Profit	Amendment  Resignation of R.	A., Officer/Director
Limited Liability	Change of Register	
Domestication	Dissolution/Without	
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OTHER FILINGS	REGISTRATION/QI	<u>UALIFICATION</u>
☐ Annual Report	☐ Foreign	
Fictitious Name	Limited Partnersh	ip
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Examiner's Initials

CR2E031(7/97)



February 13, 2006

**GREENBERG TRAURIG** 

TALLAHASSEE, FL

SUBJECT: CAYON DEVELOPMENT GROUP, LLC

Ref. Number: L01000019377

We have received your document for CAYON DEVELOPMENT GROUP, 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: 306A00010229

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Cayon Development Group, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L01000019377
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)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

THE THE PARTY

Pursuant to the provisi-	ons of section 608.416(2) or 60	8.509, Florida Statutes, the undersigne	d,
Pedro A. Martin		, hereby resigns as	
	(Name of Registered Agent)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Registered Agent for _			<del></del>
Cayon Developme	ent Group, LLC		
	(Name of Limited Liab	lity Company)	
L01000019377			
(Document Nu	mber, if known)		
•		ed limited liability company at its last on the 31st daypatter the date on which	
The agency is terminat	(Signature of Re	allestin	THE STATE OF THE S
If signing on behalf of	an entity:		55号 1 [
	Pedro A. Martin		
	(Typed or P Registered Agent	rinted Name)	F STAT
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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