

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

(850)617-6380

From:

Account Name

: FIELDSTONE LESTER SHEAR & DENBERG

Account Number : 119990000180

; (305)357-5775

Phone

Fax Number

: (305)357-5534



REGISTERED AGENT RESIGNATION

MACLEE QUARTERS (MIAMI), LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
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1/27/2009

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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, | |
|--|---------------------------------|--------------------------------|-----------------|
| David Shear | , he | creby resigns as | |
| (Nane of Registered Agent) | | | |
| Registered Agent for Maclee Quarters | (Miami), LLC | | 1871 |
| (Name of Limite | ed Liability Company) | | |
| L01000021381 | | | |
| (Document Number, if known) | - | | |
| A copy of this resignation was mailed to the abo | ve listed limited liability com | npany at its last known addres | 99. |
| The agency is terminated and the office disconting | nued on the 31st day after the | 75.40 | |
| If signing on behalf of an entity: | C | RETARY | F 11 |
| СТур | ed or Printed Name) | | 3 1 |
| | (Capacity) | STATE | = O |

\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
Tallabassee, FL 32314