

# L02000010082

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.  
Account Number : X20000000003  
Phone : (407) 841-4141  
Fax Number : (407) 841-4148

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**REGISTERED AGENT RESIGNATION  
58 WEST MICHIGAN STREET, L.L.C.**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

**COVER LETTER**

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**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 58 West Michigan Street, L.L.C.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L02000010082

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:

Thomas P. Moran  
Name of Person

Moran Kidd Lyons Johnson & Berkson, P.A.  
Name of Firm/Company

111 N. Orange Avenue, Suite 1200  
Address

Orlando, Florida 32801  
City/State and Zip Code

tpmoran@morankidd.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas P. Moran at ( 407 ) 841-4141  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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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,

Thomas P. Moran, hereby resigns as  
Name of Registered Agent

Registered Agent for 58 West Michigan Street, L.L.C.  
Name of Limited Liability Company

102000010082  
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:

Thomas P. Moran  
Typed or Printed Name  
Registered Agent  
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

INHS17 (08/05)

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