

L 020000/2599

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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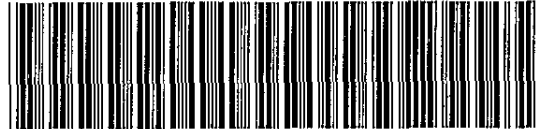
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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Akerman Senterfitt
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July 25, 2005

VIA FEDERAL EXPRESS

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Susan P. Barch, CLA
407 419 8569
susan.barch@akerman.com

Re: Kobrin Investments, LLC

Dear Sir or Madam:

Enclosed please find the following relating to the above-referenced limited liability company:

1. Amended 2005 Annual Report (filing fee \$50.00);
2. Resignation of Member, Managing Member or Manager – Todd F. Kobrin (filing fee \$25.00);
3. Resignation of Member, Managing Member or Manager – Randall H. Kobrin (filing fee \$25.00);
4. Resignation of Registered Agent (filing fee \$85.00), together with Transmittal Letter;
5. Statement of Change of Registered Office or Registered Agent (filing fee \$25.00);
6. Articles of Amendment to Articles of Organization (filing fee \$25.00), together with an extra copy and Transmittal Letter – please provide a certified copy and a Certificate of Status (additional \$40.00 fee); and
7. Our checks in the aggregate amount of \$275.00 to cover the fees outlined above.

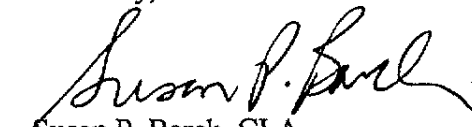
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TALLAHASSEE, FLORIDA

Florida Secretary of State
July 25, 2005
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Please file the enclosed documents and return to me a certified copy of the Amendment to Articles of Organization, together with a Certificate of Status. Should you have any questions, do not hesitate to call. Thank you.

Sincerely,


Susan P. Barch, CLA
Certified Legal Assistant

/spb

Enclosures

cc: James E. Frye, Jr., Esq. (w/o encls.)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kobrin Investments, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L02000012599

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:

Ronald J. Pruitt

(Name of Person)

(Name of Firm/Company)

630 Park Forest Ct.

(Address)

Apopka, FL 32703

(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald J. Pruitt

(Name of Person)

at (407) 521-7392

(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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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,

Todd F. Kobrin, Esq.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Kobrin Investments, LLC

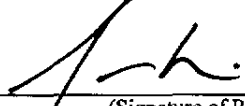
(Name of Limited Liability Company)

L02000012599

(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:

Todd F. Kobrin, Esq.

(Typed or Printed Name)

Managing Member

(Capacity)

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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