

L020000024981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

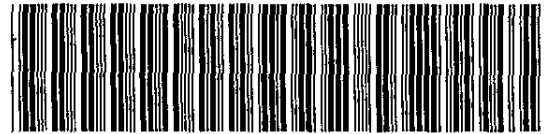
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000064472130

resignation
of
RA

02/10/06--01075--015 **65.00

06 FEB 10 11:21:12
DIVISION OF REGISTRATION

FILED
06 MAR -1 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

POK
3/2/06

Greenberg Traurig, P.A.

Requester's Name

Address

City/State/Zip

Phone #

Please call June at 222-6891 when ready.
Thank you!

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 3400 Second Avenue Holdings, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time PLS call

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

☒ date-stamped
copy

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 3400 SECOND AVENUE HOLDINGS, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L02000024981

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)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

GREENBERG TRAURIG

TALLAHASSEE, FL

SUBJECT: 3400 SECOND AVENUE HOLDINGS, LLC
Ref. Number: L02000024981

We have received your document for 3400 SECOND AVENUE HOLDINGS, 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: 106A00010265

RECEIVED
06 MAR - 1 PM 3:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

FILED
MAR -1 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Pedro A. Martin

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

3400 SECOND AVENUE HOLDINGS, LLC

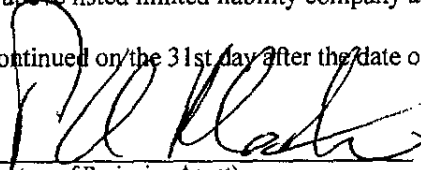
(Name of Limited Liability Company)

L02000024981

(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:

Pedro A. Martin

(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