

MAY/24/2013/FRI 04:15 PM

Division of Corporations

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L08 000025598

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ZEBERSKY PAYNE, LLP  
Account Number : I20010000181  
Phone : (954) 989-6333  
Fax Number : (954) 989-7781

**\*\*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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**LLC REGISTERED AGENT RESIGNATION  
RESIDENTIAL PROPERTIES OF WESTON LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
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T. HAMPTON

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FAX No.

P. 002

H130001166113

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Residential Properties of Weston, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L02000025598

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:

Todd S. Payne

Name of Person

Zebersky Payne, LLP

Name of Firm/Company

110 SE 6th Street, Ste. 2150

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd S. Payne

Name of Person

at ( 954 ) 989-6333

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H130001166113

**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 S. Payne**

Name of Registered Agent

, hereby resigns as

Registered Agent for **Residential Properties of Weston, LLC**

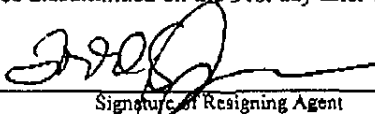
Name of Limited Liability Company

**L02000025598**

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 S. PAYNE**

Typed or Printed Name

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

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