

**L020000 29621**

**Florida Department of State  
Division of Corporations  
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To:

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

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Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN, & COHEN  
Account Number : I20020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

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

Email Address:

LR@FCOHENLAW.COM

**LLC REGISTERED AGENT RESIGNATION  
SOMERSET 2002, LLC**

Certificate of Status	0
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Page Count	01
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**COVER LETTER**

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOMERSET 2002, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L02000029621

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:

**PETER R. RAY, ESQ.**

Name of Person

**COHEN NORRIS ET AL.**

Name of Firm/Company

**712 U.S. HIGHWAY ONE, SUITE 400**

Address

**NORTH PALM BEACH, FL 33408**

City/State and Zip Code

**LR@FCOHENLAW.COM**

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

For further information concerning this matter, please call:

**PETER R. RAY**

Name of Person

at ( 561 ) 844-3600

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**PETER R. RAY**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **SOMERSET 2002, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L02000029621**

\_\_\_\_\_  
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:

\_\_\_\_\_  
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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