

L030000003796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

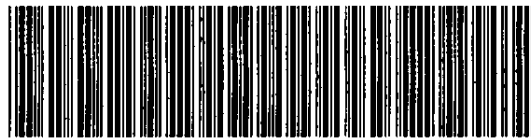
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10 APR - 1 AM 8:30

FILED

PA Resign.

CONNELL APR 02 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2010

HELIO DE LA TORRE, ESQ.
SIEGFRIED, RIVERA, LERNER
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

SUBJECT: RONEY PALACE MANAGEMENT, L.L.C.
Ref. Number: L03000003796

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

TO RESIGN AS REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY,
THE ENCLOSED RESIGNATION FORM SHOULD BE COMPLETED AND
RETURNED FOR FILING.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 910A00007046

RECEIVED
MAR 29 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RONEY PALACE MANAGEMENT, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L03000003796

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:

 HELIO DE LA TORRE, ESQ.
Name of Person

 SIEGFRIED, RIVERA, LERNER
Name of Firm/Company

 201 ALHAMBRA CIRCLE - SUITE 1102
Address

 CORAL GABLES, FL 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

 HELIO DE LA TORRE at (305) 442-3334
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

SKRLD, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for RONEY PALACE MANAGEMENT, L.L.C.

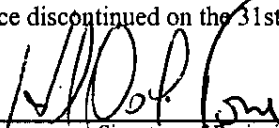
Name of Limited Liability Company

L03000003796

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:

HELIO DE LA TORRE, ESQ.

Typed or Printed Name

PRESIDENT

Capacity

10 APR - 1 AM 8:30

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