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SECRETARY OF STACE DIVISION OF CORPOSATION



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: MAZEL PROPER	TY MANAGEMENT, LLC (Name of Limited Liability C				
	,	ompany)			
DOCUMENT NUMBER: L03	0000004555				
The enclosed Resignation of Register filing.	stered Agent for a Limited L	iability Compan	y and fee are su	ıbmitte	đ
Please return all correspondence of	concerning this matter to the	following:			
Brenda Carter (Name of Po	_	3			
National Companie Describ	144			2006 JAN 23	SECRETARY OF S DIVISION OF CCREOR
National Corporate Research (Name of Firm/				JA	<u> </u>
(Name of Philip	20mpany)) 	유지
615 South DuPont Highway	·		-		22
(Addres	s)	•		-	3PO 3
					A
Dover, DE 19901				2	Ę
(City/State and	Lip Code)				
For further information concerning	g this matter, please call:				
Brenda Carter	800 \	483-1140			
(Name of Person)	at (<u>800</u>) (Area Code &	& Daytime Telepho	one Number)		
Enclosed is a check made payable liability company or \$25.00 for an liability company.	to the Florida Department o	f State for \$85.00	0 for an active	limited awn lin	nited
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	.*			-

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509	, Florida Statutes, the undersigned,	
National Corporat	e Research, Ltd.	, hereby resigns as	
	(Name of Registered Agent)	,,,,	
Registered Agent for _	MAZEL PROPERTY MANAG	EMENT, LLC	
	(Name of Limited Liability Co	inpany)	.2006
L030000004555			JAN 23
(Document Nur	nber, if known)	2.1	23
A copy of this resignat	ion was mailed to the above listed lin	nited liability company at its last kn	own addresse 🚊
The agency is terminate	ed and the office discontinued on the	31st day after the date on which the	is statement is filed
- 1	Wayne Ha Sone (Signature of Resigning	∬· g Agent)	2
If signing on behalf of	an entity:		
	Wayne Rafanelli		
r - -	(Typed or Printed N	Jame)	• •
- -	(Capacity)		5

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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