L03000090666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

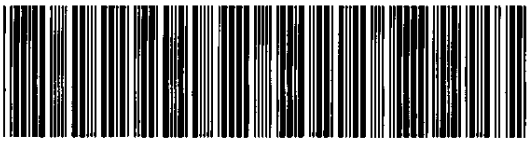
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

R.A. Reagor

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MAY 19 2009

EXAMINER

Excellence in Real Estate Law

C&D
CONROY, CONROY & DURANT, P.A.

2210 VANDERBILT BEACH ROAD
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NAPLES, FLORIDA 34109
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J. THOMAS CONROY, III
BOARD CERTIFIED REAL ESTATE LAWYER
KRISTIN M. CONROY
BOARD CERTIFIED REAL ESTATE LAWYER
MICHAEL A. DURANT
BOARD CERTIFIED REAL ESTATE LAWYER
JOSHUA D. RUDNICK

May 7, 2009

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

Re: University Club Apartments/Gulf Coast, LLC
Document No. L03000009066
University Club Apartments/MM, Inc.
Document No. P05000160473

Dear Sir/Madam:

Enclosed for filing is a copy of the following:

1. Officer/Director Resignation for a Corporation for University Club Apartments/MM, Inc.; and

2. Resignation of Registered Agent for a Limited Liability Company for University Club Apartments/MM, Inc.; and

2. Resignation of Registered Agent for a Limited Liability Company for University Club Apartments/Gulf Coast, LLC.

Also, enclosed is Check No. 4574 in the amount of $207.50 to cover filing fees.

Very truly yours,

CONROY, CONROY & DURANT, P.A.

Amy K. Gundlach, Legal Assistant to Attorney
J. Thomas Conroy, III

Encls.

R:\Potestio, Frank\University Club Apartments-Gulf Coast, LLC\Corporate\Letters\Division of Corporations.5.7.09.doc

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,

J. Thomas Conroy, III , hereby resigns as
(Name of Registered Agent)

Registered Agent for University Club Apartments/Gulf Coast, LLC

(Name of Limited Liability Company)

L03000009066
(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)

FILED
09 MAY 12 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INHS17 (08/05)