

L03000013344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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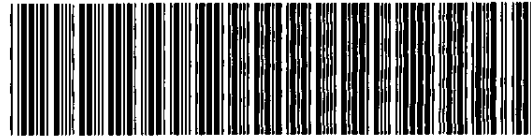
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 23 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Recreational Properties of Port Charlotte, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000013344

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:

Mary Claire Quella, Esq.
Name of Person

National Recreational Properties, Inc.
Name of Firm/Company

1 Mauchly
Address

Irvine, CA 92618
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Claire Quella, Esq. at (949) 465-8567
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Robert E. Dady

Name of Registered Agent

, hereby resigns as

Registered Agent for National Recreational Properties of Port Charlotte, LLC

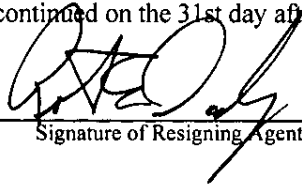
Name of Limited Liability Company

L03000013344

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:

Robert E. Dady

Typed or Printed Name

Registered Agent

Capacity

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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