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| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instruction to Filling Officer: | | | | | |
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COVER LETTER

| TO: | Amendment Section Division of Corporations | • | | |
|-------------------------------|---|-------------------|-----------------------|--|
| SUBJ | ECT: PRESTIGE RESORT | PRO | PERTI | ES, LLC |
| | 1 0200000 | | - | (Company) |
| DOC | UMENT NUMBER: LU3UUUU26 | 051 | | |
| The er | nclosed Resignation of Registered Aging. | ent fo | or a Limite | d Liability Company and fee are submitted |
| Please | return all correspondence concerning | g this | matter to t | he following: |
| JOH | N R. DOWD, JR., ESQUIRI | Ε | | |
| | (Name of Person) | | | - |
| DOV | VD LAW FIRM | | | _ |
| | (Name of Firm/Company) | | pror. | |
| 285 | Harbor Blvd., Suite A | | 13 Pal 7 abo | |
| | (Address) | | | - |
| | | | - | |
| Dest | in, FL 32541-7305 | | *1 | <u>-</u> |
| | (City/State and Zip Code) | | | |
| For fu | rther information concerning this mat | ter, p | lèase call: | |
| John | R. Dowd, Jr. Esq. | at (| 850 | , 650-2202 |
| | (Name of Person) | (| (Area Cod | e & Daytime Telephone Number) |
| Enclos liabilit limited | sed is a check made payable to the Flory company or \$25.00 for an administrated liability company. | orida i rative | Departmently dissolve | at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn |
| MAIL | ING ADDRESS: | | · STREI | ET ADDRESS: |
| | dment Section | | | lment Section |
| | on of Corporations ox 6327 | | | n of Corporations Building |
| | assee, FL 32314 | | | xecutive Center Circle |
| 1 411411 | money, the small | | Tallaha | ssee, FL 32301 |
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| | | | 142 | |
| | | | | |

Johann Blisse Winds

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 608.416(2) or 608.509, FI | lorida Statutes, the undersigned, |
|--|--|
| JOHN R. DOWD, JR. | , hereby resigns as |
| (Name of Registered Agent) | , norody resigns as |
| Registered Agent for PRESTIGE RESORT PRO | PERTIES, LLC |
| | , |
| (Name of Limited Liability Comp | pany) |
| L03000026697 | |
| (Document Number, if known) | *** |
| A copy of this resignation was mailed to the above listed limite | ed liability company at its last known address. |
| The agency is terminated and the office discontinued on the 31: | st day after the date on which this statement is filed. ning Agent) |
| If signing on behalf of an entity: | 08 MA) SECRE TALLAH |
| (Typed or Printed Nam | |
| (Capacity) | F STATE |

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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