

L03000027110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

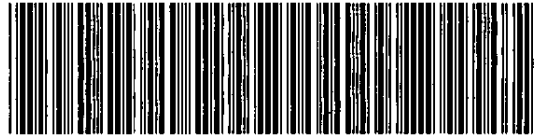
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800160178268

09/14/09--01057--007 **85.00

2009 SEP 14 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

R.A. Resign.

TB

SEP 17 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HLRE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000027115

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:

Manuel Scharf
Name of Person

HLRE, LLC c/o Linett, Schechter, Reicher & Ofsevit, LLP
Name of Firm/Company

810 Seventh Avenue, 10th Floor
Address

New York, NY 10019
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy Swindling at (407) 740-5400
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Sandy Swindling, hereby resigns as
Name of Registered Agent

Registered Agent for HLRE, LLC

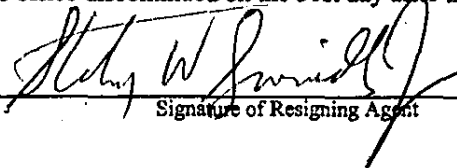
Name of Limited Liability Company

L03000027115

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

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

FILED
2009 SEP 14 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA