103000030005

(Re	questor's Name)			
(Ad	ldress)			
	dress)	-		
(//0	die33)			
(Cit	y/State/Zip/Phone	⇒ #)		
_		_		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
\		,		
- (5)				
(Do	cument Number)			
Certified Copies	Certified Copies Certificates of Status			
C	F. 045			
Special Instructions to I	riting Officer:			
		ì		
		ľ		
				





700053814817

05/09/05--01036--019 **87.50



Will Book

CT CORPORATION

April 29,2005

RE: MADSTONE FLORIDA LLC

(FL.DOM.)

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

Dear Sir or Madam:

We enclose resignations executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1 check in the amount of \$87.50 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary TA/lk
Enclosure

111 Eighth Avenue New York, NY 10011 Tel 212 894 8940 Fax 212 590 9180

A Wolferskluwer Company

OS MAY 13 AM 9: 2

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,		_	
C T CORPORATION SYSTEM			, hereby resigns as	100 100 100 100 100 100 100 100 100 100	05 MAY	_
(Name of Registered Agent)			AHA			
Registered Agent for				SSE	ယ	
MADSTONE FLORIE	A LLC	(FL.DOM.)			=	T
	(Name o	of Limited Liability Company)		STAT	9: 24	C
#L03000030005				₹,577.	-	
(Document Number	, if known)					
A copy of this resignation	was mailed to	the above listed limited liab	pility company at its last know	own addi	æss.	
The agency is terminated a	nd the office d	liscontinued on the 31st day	after the date on which the	is stateme	ent is t	iled.
_	26	Signature of Resigning Agent)				
If signing on behalf of an e	ntity:	\mathcal{O}				
(CT CORPOR	ATION SYSTEM - Theres	sa Alfieri			
_	A	(Typed or Printed Name) SSISTANT SECRETARY	•			
		(Capacity)				

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314