

L03000032818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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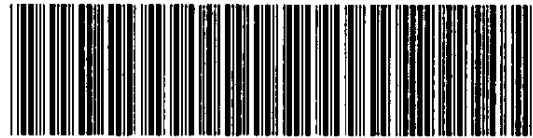
(Business Entity Name)

(Document Number)

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FILED
10 JUN 24 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign
C.COULLIETTE

JUN 28 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Deep Blue of Miami Real Estate, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000032818

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:

Mayra Rojas
Name of Person

Legal Solutions Group, P.L.
Name of Firm/Company

18305 Biscayne Blvd., Suite 200
Address

Aventura, FL 33160
City/State and Zip Code

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

For further information concerning this matter, please call:

Mayra Rojas at (305) 895-5699
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Marty Davis

Name of Registered Agent

, hereby resigns as

Registered Agent for DEEP BLUE OF MIAMI REAL ESTATE, LLC

Name of Limited Liability Company

L03000032818

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
10 JUN 24 AM 10:00
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