# L0300035181

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(0.13.0.11.0.12.13.1.10.10.17)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
•
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
85.00
. 0

Office Use Only



800160872338

FILED

09 SEP 28 MID: 54

SECRETARY OF STATE
FALLAHASSEE, FLORIDA



HUNTON & WILLIAMS LLP 1111 BRICKELL AVENUE SUITE 2500 MIAMI, FLORIDA 33131

TEL 305 • 810 • 2500 FAX 305 • 810 • 2460

CARLOS E. LOUMIET
DIRECT DIAL: 305 • 810 • 2575
EMAIL. cloumiet@hunton.com

FILE NO:

September 23, 2009

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Casuarina 20 LLC

Dear Sirs:

I hereby tender my resignation as Registered Agent and Manager for Casuarina 20 LLC.

Pursuant to Florida Statutes § 608.416(2), I understand that this resignation will be effective on the 31<sup>st</sup> date after this letter of resignation is filed with you.

We have also enclosed a check in the amount of \$140 to cover the filing fees:

1. \$85.00 Resignation of Registered Agent

2. \$55.00 Manager Resignation form plus certified copy.

Very truly yours,

Carlos E. Loumiet

Enclosure

ce: Ralph Janvey, Receiver for Stanford Group Company

Kevin M. Sadler, Esq.

# **COVER LETTER**

SUBJECT: Casuarina 20 LLC  Name of Limited Liability Company	_
DOCUMENT NUMBER: L03000035181	_
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee a for filing.	ıre submitted
Please return all correspondence concerning this matter to the following:	
Raiph Janvey, Receiver for Stanford Group Company Name of Person	
Stanford Receivership Brokerage Account Review	
Name of Firm/Company	
P.O. Box 460089	
Address	
. Houston, Texas 77056-8089	
City/State and Zip Code	
•	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Ralph Janvey, Receiver for Stanford Group Company Stanford Receivership Brokerage Account Review  Name of Person  Area Code & Daytime Telephone Number	_
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO: Amendment Section

Division of Corporations

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 PARTIES OF STATE TALLAHASSEE. FLORIDA

Pursuant to the provisions	of section 608.416(2) or 608.509, Florida	Statutes, the undersigned,
Carlos E. Loumie	t	, hereby resigns as
Name of Registered Agent		, notes, resigns us
Registered Agent for	Casuarina 20 LLC	
<del></del>	Name of Limited Liability Company	<b>,</b>
L03000035181		
Document Num	ber, if known	
-	was mailed to the above listed limited lial	
The agency is terminated	and the office discontinued on the 31st day	y after the date on which this statement is filed.
•	0	-
-	Signature of Resigning A	agent
If signing on behalf of an	entity:	
	Carlos E. Loumiet	
-	Typed or Printed Name	··· <u>··</u> ···
-	Capacity	

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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