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From:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number: I19990000101

Phone : (561)691-0059 Fax Number : (561)691-0066

REGISTERED AGENT RESIGNATION

PORTSIDE 1, LLC

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Division of Corporations

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 6	508.509, Florida	a Statutes, the undersigne	ed. Es	0	
Robert L. Shapiro	, hereby resigns as		()	7		
	(Name of Registered Agent)		,,,,,,		Æ	\neg
Registered Agent for	Portside 1, LLC			AR	MAR 26	
			·	EE.	-D	m
	(Name of Limited Li	ability Company)		S.LV		D
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(Document Nur	nber, if known)				•	
	on was mailed to the above li					îled.
		Resigning Agent)				
If signing on behalf of ar	in entity:				,	
	Robert L. Shapiro	,	,			
	Registered Agent	Printed Name)	<u></u>			
	(Capa	acity)	•			

St.00 Active limited liability company
St.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
Taliahassee, FL 32314

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