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J. SAULSBERRY EXAMINER

NOV 0 4 2011

COVER LETTER

SUBJECT: The Tower Name of	rs of Channelside LLC Limited Liability Company	
DOCUMENT NUMBER:	L03000044678	
The enclosed Resignation of Registered Age for filing.	ent for a Limited Liability Company and fee are submit	ted
Please return all correspondence concerning	g this matter to the following:	
Andrew Bolnick		
Name of Person		
Name of Firm/Company		2
3001 Countryside Blvd.	SECRETAR) ALLAHASSI	مراهد،
Clearwater FL 33761	10 m	Landon
City/State and Zip Code	OF STATE OF	t (1.12)
E-mail address: (to be used for future annual re	eport notification)	1
For further information concerning this matter	ter, please call:	
Andrew Bolnick Name of Person	at (727)330-7500 Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administralimited liability company.	orida Department of State for \$85.00 for an active limite ratively dissolved, voluntarily dissolved or withdrawn	ed

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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 provision	ns of section 608.416(2) or 608.509, Florida S	Statutes, the undersig	gned,		
Andrew Bolnick			, hereby resigns as			
· · · · · · · · · · · · · · · · · · ·	Name of Registered Ager	ıt	_ , -			
Registered Agent for		The Towers of Cha	nnelside LLC			
	Name of Lim	ited Liability Company	•		,	
	044678					
Document Nu	mber, if known					
A copy of this resignation	n was mailed to the a	bove listed limited liabi	lity company at its la	ast known addre	ss.	
The agency is terminated lf signing on behalf of an	andust	ntinued on the 31st day and the state of Résigning Ag		ch this statemen	t is file	:d.
	۵	Andrew Bolnick		77	~	
		yped or Printed Name		VII.	<u> </u>	
	Receiv	rer/Registered Ager Capacity	nt	RETAR) AHASSI	2011 NOV -3	T
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	y company olved/ voluntarily d ability company	OF STATE E. FLORIDA lissolved/	AH 8: 54	

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