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TO:	Amendment Section
	Division of Corporations

SUBJECT:	Northbrooke Name	e Profe	ssiona	l Villag	e, LLC	
DOCUMENT NUM		_				
DOCUMENT NUMI	3EK:	<u>_</u>	.03000	<u>04528</u>	4	
The enclosed Resigna for filing.	tion of Registered A	\gent for	a Limite	ed Liabili	ity Company and	fee are submitted
Please return all corre	spondence concerni	ing this n	natter to	the follo	wing:	
Elea	anor W. Taft, Esq. Name of Person	·		_		
	Name of Person					
	anor W. Taft, P.A.			_		
Nan	ne of Firm/Company					
2647 Profe	ssional Circle, Sui	ite 1203				
	Address					
	les, Florida 34119	9		_		
City	/State and Zip Code					
etaft(ataftlawnaples.co	m				
E-mail address: (to b	e used for future annua	I report no	tification)			
For further informatio	n concerning this m	natter, ple	ase call:			
Eleanor	W. Taft	at (239)	249-6323	
Name o	of Person		Area Cod	e & Dayti	ime Telephone Nu	mber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 understand. Michael A. Joseph, hereby resigns as Registered Agent for Northbrooke Professional Village LLC.

Document Number: L03000045284

A copy of this resignation was mailed to the above-named 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.

Michael A. Joseph