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(Re	equestor's Name)
(Ad	ldress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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2006 DEC 22 PM 1: 24
SECRETARY OF STATE

*HA

TO:

Amendment Section Division of Corporations

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TRANSMITTAL LETTER

SUBJECT:Barnett Executive Homes, LLC	
(Name of Limited Liability Company)	_
DOCUMENT NUMBER: L04000011910	-
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee a for filing.	ire submitted
Please return all correspondence concerning this matter to the following:	
Andrew J. Mayts, Jr.	
(Name of Person)	
Holcomb & Mayts, P.A.	•
(Name of Firm/Company)	
201 N. Armenia Ave.	
(Address)	
Tampa, FL 33609	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Nicole Lodato at (813) 258*5835 (Name of Person) (Area Code & Daytime Telephone Number	
(Name of Person) (Area Code & Daytime Telephone Numbe)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an administratively dissolved, voluntarily dissolved or williability company.	ctive limited ithdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

INH917(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida S	tatutes, the undersigned	Ļ		
Clinton J. Barnett, III			, hereby resigns as			
	(Name of Registered Age	•				
Registered Agent for	Barnett Executive	Homes, LLC				
	(Name of Lin	nited Liability Company)			—	
L04000011910						
(Document N	umber, if known)					
A copy of this resigns	ation was mailed to the a	bove listed limited liabil	ity company at its last l	known addre	:SS.	
The agency is termina	ated and the office disco	ntinued on the 31st day a	after the date on which	this statemer	nt is file	ed.
	- (Sign:	sture of Resigning Agent)	Clinton 9	ZPar	not	fm.
If signing on behalf o	f an entity:					
		Typed or Printed Name)				
		(Capacity)	<u></u>	SECF	2006 D	-
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissimithdrawn limited liab	y company olved/voluntarily diss sbility company	CRETARY OF STATE LAHASSEE. F\oRID	2006 DEC 22 PM 1: 21	FILED

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