Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZ

Account Number : 076077001702

: (407)841-1200

Phone

Fax Number

: (407) 423-1831

REGISTERED AGENT RESIGNATION

LOS SUENOS, LLC

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Electronic Filing Menu

Corporate Filing Menu

T. Roberts OCT 01 2008

10/1/2008

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608	3.509, Florida Statutes, the undersigned,	08 00
Dean Mead	Services, LLC	, hereby resigns as	
	(Name of Registered Agent)	, 10.00) 103.610 10	
Registered Agent for _	Los Suenos, LLC		
	(Name of Limited Liabil	lity Company)	2:40
L040000169	80		
(Document Nun	ber, if known)		
A copy of this resignat	ion was mailed to the above liste	ed limited liability company at its last kno	wn address.
The agency is terminat	ed and the office discontinued or	n the 31st day after the date on which this	statement is filed.
	(Signature	of Resigning Agent)	
If signing on behalf of	an entity:		
	Steven C. Lee		•
	Vice President	inted Name)	
	(Capacit	ty)	

LING FEES:
5.00 Active limited liability company
5.00 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withdrawn limited liability company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 Tallahassee, FL 32314

INHS17 (08/05)