Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001943973)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (302)531-0855

Fax Number : (850)656-7953

Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION 3301 MURANO LLC

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: 3301 MURANO LLC (Name of Limited Liability Company)	_
DOCUMENT NUMBER: L04000018569	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fe for filing.	e are submitted
Please return all correspondence concerning this matter to the following:	
EDIE WHITEBREAD (Name of Person)	AALI
INCORPORATING SERVICES, LTD. (Name of Firm/Company)	ALIG -
3500 S. DUPONT HWY (Address)	LED 2 AM.9: SEE, FLO
DOVER, DE 19901 (City/State and Zip Code)): 37 TATE ORIDA
For further information concerning this matter, please call:	
EDIE WHITEBREAD at (302) 531.0855 (Name of Person) (Area Code & Daytime Telephone Num	ber)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or limited liability company.	active limited withdrawn

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

(((H1100019397 3)))

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416	(2) or 608.509, Florida Statutes, the undersigned,	
INCORPORATING SERVICES, LT	D. , hereby resigns as	
(Name of Registered Ag		
Registered Agent for 3301 MURANO LLC		
(Name of Li	mited Liability Company)	9
1.0.400004.0.500	• .	
(Document Number, if known)		
	above listed limited liability company at its last known	
The agency is terminated and the office disco	(Signature of Resigning Agent)	stement is filed.
If signing on behalf of an entity:		T ALL
CANDICE B. SW	ETLAND	
	Typed or Printed Name)	G-: ASS
ASSISTANT SE	CRETARY	SE S
	(Capacity)	四 是 异
		D 9: 37 STATE LORIDA
FILING		
\$ 85.00 \$ 25.00	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
Tallahassee, FL 32314

INHS17 (08/05)