L0400002829/

(Requestor's Name) (Address)		
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(City/State/Zip/Phone #)		
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**85.00

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	LDG Real Esta Name of Limite	te Holdings, LL	<u>.C</u>
	Name of Limite	d Liability Company	,
DOCUMENT NUMBER:_	R:L04000028291		
The enclosed Resignation of for filing.	Registered Agent for	a Limited Liability	Company and fee are submitted
Please return all corresponde	nce concerning this m	natter to the follow	ing:
Jason Hunt	er Korn, Esq.		
name (or reison		
	Grigsby, P.C.	·	
Name of Fi	rm/Company		
27200 Riverview Ce	enter Blvd., Suite 30 dress	9	
Bonita Springs City/State a	s, Florida 34134 and Zip Code	· · · · · · · · · · · · · · · · · · ·	
jkorn@co E-mail address: (to be used fo	henlaw.com or future annual report not	tification)	
For further information conc	erning this matter, ple	ase call:	
Jason Hunter Korn Name of Perso	at (at (239) Area Code & Daytin	390-1900 ne Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 s	ection 608.416(2) or 608.509, Florida Statutes, the undersigned,	4
	& Grigsby, P.C. , hereby resigns as	
Name	of Registered Agent	
Registered Agent for	LDG Real Estate Holdings, LLC	
	Name of Limited Liability Company	
L04000028	291	
Document Number, i	fknown	
	mailed to the above listed limited liability company at its last known address. the office discontinued on the 31st day after the date on which this statement is filed	d.
	My C Cl	
	Signature of Resigning Agent	
If signing on behalf of an entit	y:	
	Henry C. Cohen, Esq.	
	Typed or Printed Name	
	Director	

Capacity

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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