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2010 JUL 21 AM ED: 55 SEICRETARY OF STATE

C. LEWIS

JUL 2.2 2010

EXAMINER

·COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Parton Realty I Name of Limite	nvestme	ents, LLC	<u></u> ·
DOCUMENT NUMBER:	_			
The enclosed Resignation of for filing.	f Registered Agent for	a Limited	l Liability Company and t	fee are submitted
Please return all correspond	lence concerning this n	natter to th	ne following:	
Brian Name	V. McAvoy		-	• -
	est & Emery LLP Firm/Company			
	Boulevard, Suite 60	0		
	Florida 34109 and Zip Code		, 	
bmcavoy E-mail address: (to be used	@hselaw.com for future annual report no	tification)		
For further information con	cerning this matter, ple	ease call:		
Brian V. McA		239) 598-5809	
Name of Per	son	Area Code	& Daytime Telephone Nun	aber

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\$85.00 for an active limited—liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Brian V. N	/IcAvoy	, her	eby resigns a	S
Name of Regist	ered Agent			
egistered Agent for	Parton Realty Inve	stments	, LLC	
		•		
. Nan	ne of Limited Liability Company			· (11. 100.1)
,		,		
104000080143				
Document Number, if known		•	•	
ne agency is terminated and the offic	to the above listed limited lia	. /	-	
ne agency is terminated and the office	/ /	after the	-	
	ce discontinued on the 3 lat day	after the	-	h this statement is
	ce discontinued on the 3 lat day	after the	-	h this statement is
	ce discontinued on the 31st day Signature of Resigning	after the	-	h this statement is SCCRETARY SALLAHASSE
signing on behalf of an entity:	Signature of Resigning A	after the	-	h this statement is

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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