L04000081076

	Requestor's Name)	
(17	requestor's Name)	
A)	(ddress)	
/A	(ddress)	
(/		
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(5	N	
(E	Business Entity Name)	
([Document Number)	
Certified Copies	Certificates of	Status
Certifica dopies		
Special Instructions t	o Filing Officer:	
}		

Office Use Only



200130170562

08 HAY 28 AM 8: 36 08 HAY 28 AM 10: 46

RECEIVED

B. KOHR MAY 3 0 2008 EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 586663

7337398

AUTHORIZATION :

COST LIMIT

ORDER DATE: May 28, 2008

ORDER TIME : 9:33 AM

ORDER NO. : 586663-010

CUSTOMER NO: 7337398

DOMESTIC AMENDMENT FILING

NAME: 712 LLC

EFFECTIVE DATE:

XX RESIGNATION

RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER'S INITIALS:



May 29, 2008

HARRY DAVIS CSC TALLAHASSEE, FL

SUBJECT: 712 LLC

Ref. Number: L04000081076

RESUBMIT
Please give original
submission date as file date.

OS MAY 2 V MM 8: 36

We have received your document for 712 LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The MANAGER RESIGNATION and the R.A. RESIGNATION must be filed on separate forms. The filing fee for each is \$25.00.

We are attaching our own resignation forms, which you may want to use.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 908A00033648

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,	08 MAY 24
Patrice E. Robinet	, hereby resigns as	THE PARTY
(Name of Registered Agent)	, norcey resigns as	美になって
Registered Agent for 712 LLC		- SS = -
		8:36
(Name of Limited Liability Company)		
L04000081076		DA.
(Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liab	ility company at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day (Signature of Redigning Agency is signing on behalf of an entity:	gent)	
(Typed or Printed Name) (Capacity)		FILED 08 MAY 28 AM 8:
		36 RIDA

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

INHS17 (08/05)