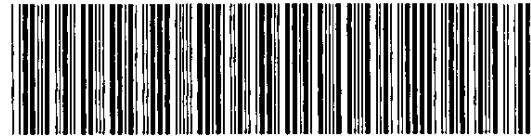


LOYOU0081076



200130170562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. KOHR  
MAY 30 2008  
EXAMINER

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 586663 7337398  
AUTHORIZATION :  
COST LIMIT : \$ 25

*[Handwritten Signature]*

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ORDER DATE : May 28, 2008  
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DOMESTIC AMENDMENT FILING

NAME: 712 LLC

EFFECTIVE DATE:

XX RESIGNATION  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

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

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2008

HARRY DAVIS  
CSC  
TALLAHASSEE, FL

SUBJECT: 712 LLC  
Ref. Number: L04000081076

**RESUBMIT**  
Please give original  
submission date as file date.

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TALLAHASSEE, FLORIDA

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.

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TALLAHASSEE, FLORIDA

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,  
Patrice E. Robinet, hereby resigns as  
(Name of Registered Agent)

Registered Agent for 712 LLC  
(Name of Limited Liability Company)

L04000081076  
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)  
\_\_\_\_\_  
(Capacity)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**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