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G. MCLEOD

FEB 22 2010

EXAMINER



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02/19/10--01031--021 **25.00

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Dick Batchelor Management Group 201 S. Orange Avenue Orlando, FL 32801 (407) 841-4311

To Whom It May Concern:

Please find the enclosed check for the \$25.00 filing fee for the resignation of Pohl & Short, P.A. as registered agent for Chamonix Public Private Partnerships. The correct signed form was mailed on February 15th, 2010 accidentally without the filing fee enclosed. An unsigned form has been included here for reference purposes. We apologize for the inconvenience.

Thank you,

Dick Batchelor Management Group

.COVER LETTER

Division of Corporations
SUBJECT: Chamonix Public Private Patnerships, LLC Name of Limited Liability Company DOCUMENT NUMBER: LOH 000086237
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dustin Watkins Name of Person
Dick Batchelor Management Gnoup Name of Firm/Company
201 S. Orange Ave Suite 960
Orlando, FL 32801 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dustin Watkins at (407), 841-4311 Name of Person Area Code & Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Amendment Section

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 provision	ns of section 608.416(2	2) or 608.509, F1	orida Statutes, the unc	dersigned,		
Pohl e	Short, P.A., hereby resigns as					
	Name of Registered Agent	t _	_			
Registered Agent for	chamoni	X Public	Private far	therships,	LLC)
	Name of Limit	ted Liability Compa	any			
L0400008	6237					
Document Nu	mber, if known					
A copy of this resignation	n was mailed to the ab	ove listed limite	d liability company a	t its last known ad	dress.	
The agency is terminated	d and the office discon	tinued on the 31	st day after the date o	n which this stater	nent is fi	led.
		Signature of Resig	ning Agent			
If signing on behalf of a	n entity:					
	Λ	thort, P.	A	Manage Name of the Last of		<u>0</u>
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	FILING I \$ 85,00 \$ 25,00	Active limited Administrative	liability company ly dissolved/volunta ited liability compan	rily dissolved/		ATION

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314