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SECRETARY OF STATE
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TRANSMITTAL LETTER

DRINGESS DENTHOUSE 1702 LLC					
SUBJECT: PRINCESS PENTHOUSE 1702, LLC (Name of Limited Liability Company)					
DOCUMENT NUMBER: L04000089179					
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:					
Catherine Hester (Name of Person)					
Harrison, Rivard & Bennett, Chtd.					
(Name of Firm/Company)					
PO Box 12					
(Address)					
Panama City, Florida 32402					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Catherine Hester at (850) 769-7714 (Area Code & Daytime Telephone Number)					
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399					

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TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416	(2) or 608.509, Florida Sta	tutes, the undersigned,		
Harrison, Rivard, Z	immerman & Ber	nett, Chtd.	_, hereby resigns as		
	(Name of Registered Age				
Registered Agent for F	PRINCESS PENT	HOUSE 1702, LLC			
····	(Name of Lin	nited Liability Company)		 ,	
	(Name of Lin	med Elabinty Company)			
L04000089179					
(Document Numl	ber, if known)	N-64500-6-000			
A copy of this resignation	on was mailed to the a	bove listed limited liability	y company at its last known a	ddress.	
		ntinued on the 30st day aft	ter the late on which this state	ement is f	iled.
If signing on behalf of ar	n entity:	,	ا سر بي اسيت	96	
	William G. Harri	son, Jr.		;	
	President	Typed or Printed Name)	A P	NOV 2	FIL
		(Capacity)	SEE	- PH	E
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	FILING \$ 85.00	FEES:	a amnansi	r.	
	\$ 85.00 \$ 25.00	Active limited hability of Administratively dissolution withdrawn limited liabi	company ved/ voluntarily dissolved/ ility company		

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