L05000001111

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J. BRYAN

FEB 1 9 2009

EXAMINER

COVER LETTER

SUBJECT: ENCLAVES OF EAGLE NEST, LLC (Name of Limited Liability Company)	
DOCUMENT NUMBER: L0500001111	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are subn for filing.	nitted
Please return all correspondence concerning this matter to the following:	
Daniel G. Hayes (Name of Person)	
Enclaves of Eagle Nest, LLC (Name of Firm/Company)	WEE 18
86 Main Street, Second Floor 물문 등	= =
Yonkers, NY 10701-2738 (City/State and Zip Code)	子のこ
For further information concerning this matter, please call:	
Daniel G. Hayes (Name of Person) at (914) 502-1286 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Division of Corporations

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 provisions of section 608.416(2) or 608.509, Florida	a Statutes, the undersigned,
Matthew L. Grabinski	, hereby resigns as
(Name of Registered Agent)	, norsely testights as
Registered Agent for Enclaves of Eagle Nest, L	LC
(Name of Limited Liability Company)	,
L05000001111	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited lia	ability company at its last known address.
The agency is terminated and the office discontinued on the 31st da (Signature of Resigning A	Agent) Agent
If signing on behalf of an entity:	器 二
Enclaves of Eagle Nest, (Typed or Printed Name)	
Authorized Agent	FF G
(Capacity)	OF STATE A

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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