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COVER LETTER

SUBJECT: Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L05000004566	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Jeffrey A. Deutch	
Name of Person	_
Nelson Mullins Riley & Scarborough LLP	
Name of Firm/Company	_
1905 NW Corporate Boulevard, Suite 310	
Address	_
Boca Raton, FL 33431	
City/State and Zip Code	_
jeffrey.deutch@nelsonmullins.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Jeffrey A. Deutch 561	343-6960
Name of Person Area Cod	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0	1115, Florida Statutes, the unde	ersigned,
Jeffrey A. Deutch, P.A.			, hereby resigns as
	Name of Registered A		,
Registered Agent for	ALTMAN HARBOR	AGE YACHT CLUB GP, LLC	
	Name of l	Limited Liability Company	,
L05000004566			
Document	Number, if known		
A copy of this resigna	tion was mailed to th	ne above listed limited liability	company at its last known address.
The agency is termina	ted and the office dis	Signature of Resigning Agent	er the date on which this statement is filed.
If signing on behalf of	an entity:		.
	Jeffrey A. Deutch		
		Typed or Printed Name	
	President		
		Capacity	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company