L05000005873

| (Requestor's Name) |
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| (Address) |
| , and the second |
| (Address) |
| (City/State/Zip/Phone #) |
| (Chipathalaph New II) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| A. LUNT |

JUN - 8 2009

EXAMINER

Office Use Only

900156458329

06/05/09--01019--027 **25.00

SECKETARY OF STATE TALLAHASSEE, FLORID

9 JUN -5 PM 4: 2

COVER LETTER

| SUBJECT: | ACP LIGHTHOUSE PL Name of Limited Liability | AZA LLC | |
|---|---|------------------------|------------------------------|
| | • | | |
| DOCUMENT NUMBER:_ | L050000 | JU5873 | |
| The enclosed Resignation of for filing. | Registered Agent for a Limited | d Liability Company an | nd fee are submitted |
| Please return all corresponde | nce concerning this matter to the | he following: | |
| Mary Jo Name o | Spalinger of Person | - | |
| | S INCORPORATED | _ | |
| Name of Fi | rm/Company | - | |
| | ior Drive #200 dress | - | TALLAHASS |
| | WI 53717 and Zip Code | - | ΓΠ< |
| mjspalinger(E-mail address: (to be used for | Dbizfilings.com or future annual report notification) | - | PM 4: 23 OF STATE E. FLORIDA |
| For further information conc | erning this matter, please call: | | |
| Mary Jo Spalin | ger at (608 |) 827-5300 x25 | 4 |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

Area Code & Daytime Telephone Number

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisio | ns of section 608.416(2) or 608.509, Florida Statutes, the u | indersigned, | |
|---------------------------------------|--|--------------------------------------|----|
| BUSINES | | resigns as | |
| | Name of Registered Agent | | |
| Registered Agent for | ACP LIGHTHOUSE PLAZA L | LC | |
| · · · · · · · · · · · · · · · · · · · | Name of Limited Liability Company | .,, | |
| | 0005873 | | |
| Document No | umber, if known | | |
| A copy of this resignation | on was mailed to the above listed limited liability company | at its last known address. | |
| The agency is terminate | d and the office discontinued on the 31st day after the date | on which this statement is filed | l. |
| | Way to Spalinger Signature of Resigning Agen | 2009 JUN -5 SECRETAR FALLAHASS | |
| If signing on behalf of a | n entity: | | 7 |
| | Mary Jo Spalinger | | 7 |
| | Typed or Printed Name | H 4: 23 F STATE FLORIDA | |
| | Asst. Sec. for Business Filings Incorporated | - ω | |
| | Capacity | | |

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