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TRANSMITTAL LETTER

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TO: Amendment Sec		²⁰⁰³ UCT 27 ₱ I2: I
Division of Corp	orations	SECRETARY OF STATE TALLAHASSEE, FLORID
SUBJECT: Big Sur II	nvestment Group, LLC	<u></u>
	(Name of Limi	ited Liability Company)
DOCUMENT NUMBE	R: L05000027723	
The enclosed Resignation for filing.	on of Registered Agent fo	or a Limited Liability Company and fee are submitted
Please return all corresp	ondence concerning this	matter to the following:
William J. Lyons	Name of Person)	
Big Sur Investment G	roup, LLC	
-	e of Firm/Company)	
WJ 3562 Walsh Street	9485 Regency (Address)	Square Blud. Suite 107
Jacksonville, Florida	32205 32225 State and Zip Code)	
For further information of	• ,	lease call:
William J. Lyons (Name of	Person) at ((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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED FILED

2005 OCT 27 P 12: 11

Pursuant to the provis	ions of section 608.416(2) or 608.509	Florida Statutes, the undersisted RETARY OF STATE TALLAHASSEE. FLORIDA
J. Riley Williams		, hereby resigns as
	(Name of Registered Agent)	, , , , , , , , , , , , , , , , , , , ,
Registered Agent for	Big Sur Investment Group, LL	.C
	(Name of Limited Liability Co	ompany)
L05000027723		
(Document Nu	umber, if known)	
A copy of this resigna	tion was mailed to the above listed lin	nited liability company at its last known address.
The agency is termina	ted and the office discontinued on the	31st day after the date on which this statement is filed.
If signing on behalf of	Gignature of Resigning T. R: 12 y will: And an entity:	g Agent)
	(Typed or Printed)	Name)
	(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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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