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LOSOO	203/137
(Requestor's Name) (Address) (Address)	900081005639
(City/State/Zip/Phone #)	10/20/0601022002 **85.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2006 OCT 23 P 1: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTÈR

TO: Amendment Section Division of Corporations

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SUBJECT:	BLUE LAGOON	MOTEL,	LLC				
	(Name of Limited Liability Company)						
DOCUMENT	NUMBER.	LO5000	031137		•		

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

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OCT 23

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Please return all correspondence concerning this matter to the following:

Holly Eakin Moody, Esquire (Name of Person)

Holly Eakin Moody, P.A.

(Name of Firm/Company)

2900 E. Oakland Park Blvd.

(Address)

Ft. Lauderdale, FL 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Eakin Moody, Esquire	´at (566-7417
(Name of Person)		le & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

DONNA MILLAR

, hereby resigns as

Registered Agent for THE BLUE LAGOON MOTEL, LLC

(Name of Registered Agent)

(Name of Limited Liability Company)

LO5000031137

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st dayafter the date on which this statement is filed.

(Signature of Resigning Agent) Ł 1002 DONNA MILLAR If signing on behalf of an entity: 20 2 (Typed or Printed Name) 177 υ (Capacity) •• ω

FILING FEES:

\$ <u>85.00</u>

\$ 25.00

Active limited liability company 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