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EXAMINER

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,					
	David M. Boggs	, hereby res	signs as		
}	Name of Registered Agent	,	-		
Registered Agent for		Caesar Street, LLC			
<u> </u>	Name of Limited Liabil	lity Company			
L050000	053672				
Document Num	ber, if known				
	and the office discontinued o	on the 31st day after the date on the of Resigning Agent		tement is filed.	
	Typed or Pr	rinted Name	Dr.	<u>21</u>	

LIABILITY COMPANY

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withdrawn limited liability company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

INHS17 (08/05)

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