

11/21/2008 15:45 FAX

Division of Corporations

105000062335

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 655-5677

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

LAUREL PROPERTY MANAGEMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$96.25

\$ 90.00

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TALLAHASSEE, FLORIDA

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C.COULLETTE

NOV 24 2008

EXAMINER/2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAUREL PROPERTY MANAGEMENT LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000062335

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

Please return all correspondence concerning this matter to the following:

Stephen g. Vogelsang, Esq.
(Name of Person)

GUNSTER, YOAKLEY & STEWART, P.A.
(Name of Firm/Company)

777 South Flagler Drive, Suite 500 East
(Address)

West Palm Beach, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary E. Cramer-Scharlatt at (561) 650-0728
(Name of Person) (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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,

GY CORPORATE SERVICES, INC.

, hereby resigns as

(Name of Registered Agent)

Registered Agent for **Laurel Property Management LLC**

(Name of Limited Liability Company)

L05000062335.

(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 day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

Stephen G. Vogelsang, Esq.

(Typed or Printed Name)

Vice President of Resigning Agent

(Capacity)

FILING FEES:

\$ 65.00	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

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TALLAHASSEE, FL 32304