

LD5000067322

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2010 MAY 27 A 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6-1-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SW 4TH LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 05000067322

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:

MARK, CARLOS TOM & SERAFIN
Name of Person

SW 4TH LLC
Name of Firm/Company

P.O. BOX 141876
Address

CORAL GABLES FL 33146-1876
City/State and Zip Code

N/A
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>CARLOS SOUSA</u>	<u>305 986 9415</u>	
<u>TOM BERNIER</u>	<u>407 493 1634</u>	
<u>SERAFIN SOUSA</u>	<u>305 986 9812</u>	
<u>MARK EISENTHALER</u>	at <u>(954)</u>	<u>3409197</u>
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\$85.00 for an active-limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CARLOS SOUSA

Name of Registered Agent

Registered Agent for

SW 4TH LLC

SW 4TH LLC

Name of Limited Liability Company

L05000067322

Document Number, if known

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Carlos Sousa

Signature of Resigning Agent

If signing on behalf of an entity:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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