# L05000086837

(Requestor's Name)					
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<b>V.</b>	,				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
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Special Instructions to I	Filing Officer:				
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C.COULLIETTE

JUN 22 2010

**EXAMINER** 

### **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Oxford Square RB-Gem, Lee Name of Limited Liability Company				
DOCUMENT NUMBER: LOSooo086837				
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:				
Marion J. Blanco Name of Person				
La Zima Management Name of Firm Company				
P.O. Box 565667 9240 S.W. 72rd Street, Suite 108				
Miani FL 33256 City/State and Zip Code				
mblanco@lazimamant.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Marlon Blanco at (305) 271-8485  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 608.50	9, Florida Statutes, the un	dersigned,	
Alberto J. Su	arcz ne of Registered Agent	, hereby re	esigns as	
	ord Square RB-	Gem, LCC		
Name of Limited Liability Company				
L 050000868.	, 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.				
	Off/			
If signing on behalf of an en		Resigning Agent		
	Typed or Printed	1 Name	# 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Capacity		OF STATE	

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314