## 105000096744

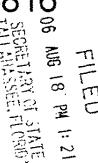
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August 14, 2006

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Fl 32399

Re: Resignations of Resident Agent

Dear Madam/Sir:

Enclosed for filing are three (3) resignations of resident agent for three (3) different companies along with our checks for the filing fees. Please file same and return your receipt to us in the enclosed self address postage paid envelope.

If you have any questions in this regard contact our firm.

Sincerely,

HENDERSON & MAXWELL, P.A.

Kolly S. Kics.

Paralegal to Douglas R. Maxwell

/kk

Enclosures

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Sta	atutes, the undersigned,	The of the
Douglas R. Maxwell		, hereby resigns as	May 3
	(Name of Registered Agent)	,,,,	-700
Registered Agent for	The Reserves at Heathbrook, LLC		
	(Name of Limited Liability Company)		<b>3</b>
L05000096744			
(Document No	umber, if known)	•	÷ ′ ,
A copy of this resigna	tion was mailed to the above listed limited liabilit	ty company at its last know	wn address.
The agency is termina	ited and the office discontinued on the 31st day at	fter the date on which this	statement is filed.
	Orefas K. Maxwell (Sighature of Resigning Agent)		
If signing on behalf of	fan entity:		
	(Typed or Printed Name)	<del></del>	: . <u> </u>
	(Capacity)	· · · · · ·	

**FILING FEES:** \$ 85.00 Active \$ 25.00 Admi 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withdrawn limited liability company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