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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	_		
			
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COVER LETTER

SUBJECT: HB COTTAGE PARCEL-STUART, L	Limited Liability	Company
DOCUMENT NUMBER: L05000099331	amined Liability	Company
DOCUMENT NUMBER:		
The enclosed Resignation of Registered Ages for filing.	nt for a Limited	I Liability Company and fee are submitted
Please return all correspondence concerning	this matter to t	he following:
JEFFREY A. DEUTCH		
Name of Person		
Nelson Mullins Riley & Scarborough LLP		
Name of Firm/Company		-
1905 NW Corporate Boulevard, Suite 310		
Address		-
Boca Raton, Ft. 33431		
City/State and Zip Code		-
jeffrey.deutch@nelsonmullins.com		
E-mail address: (to be used for future annual rep	ort notification)	-
For further information concerning this matte	er, please call:	
Jeffrey A. Deutch	561 at (343-6960
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15. Florida Statutes, the under	rsigned.
Jeffrey A. Deutch P.A.		, hereby resigns as
Name of Registered Ag		o victor j. Congola III
Registered Agent for HB COTTAGE PARCI	EL-STUART, LLC	
Name of Li	imited Liability Company	·
L05000099331		
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 disc	continued on the 31st day after	r the date on which this statement is filed.
If signing on behalf of an entity:		
Jeffrey A. Deutch		
	Typed or Printed Name	
President		
	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