

LD5000105321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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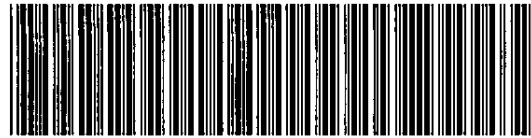
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
10 OCT - 6 AM 11:47

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Crosswinds At Courtney, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000105321

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:

David J. Ingbar, Esq.  
Name of Person

Ellias & Elias, P.C.  
Name of Firm/Company

33493 Fourteen Mile Road, Suite 80  
Address

Farmington Hills, Michigan 48331  
City/State and Zip Code

djingbar@e3pc.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David J. Ingbar at ( 248 ) 865-8400  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Larry H. Hipsh, III

, hereby resigns as

Name of Registered Agent

Registered Agent for Crosswinds At Courtney, LLC

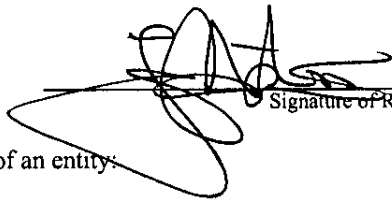
Name of Limited Liability Company

L05000105321

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:

Typed or Printed Name

Capacity

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT -6 AM 11:47

### **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