## 1-05000 1 14999

(Real	ıestor's Name)	
(, (04)		
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busii	ness Entity Na	me)
(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
·		

Office Use Only



100142779571

02/09/09--01065--004 \*\*25.00

FILED

09 FEB -9 PM 1: 21

SECRETARY OF STATE
ALL ASSESSED IN THE PROPERTY OF STATE





## Resignation of Registered Agent for a **Limited Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

2/5/2009 **FLORIDA** 

**REP UNIT:** 

FORUM DEVELOPMENT

HOLDINGS, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 15818 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

	FORUM DEVELORM	ENT HOLDINGS TIC		
SUBJECT:	(Name of Limite	ENT HOLDINGS, LLC de Liability Company)		
DOCUMENT NU	MBER: L05000114999			
The enclosed Resig for filing.	nation of Registered Agent for	a Limited Liability Company and fee are submitted		
Please return all con	respondence concerning this n	natter to the following:		
	RHONDA MAYBIN	<del></del>		
	(Name of Person)			
Capito	Name of Firm/Company)	<del></del>		
8	00 Brazos, Suite 400 (Address)			
A	ustin, Texas 78701 City/State and Zip Code)	<del></del>		
For further information	tion concerning this matter, ple	ease call:		
RHON (Nai	DA MAYBIN at (_ ne of Person)	800 ) 345-4647 (Area Code & Daytime Telephone Number)		
Enclosed is a check liability company of limited liability con	r \$25.00 for an administrativel	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn		
MAILING ADDR		STREET ADDRESS:		
Amendment Section Division of Corpora		Amendment Section Division of Corporations		
P.O. Box 6327	utons	Clifton Building		
Tallahassee, FL 323	314	2661 Executive Center Circle		

Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416	6(2) or 608.509, Florida	Statutes, the undersign	gned,
CAPITOL (	ORPORATE SEI	RVICES, INC.	, hereby resigns	s as
	Name of Registered Ag			
Registered Agent for	FORUM	DEVELOPMEN	IT HOLDINGS	S, LLC
	(Name of Li	imited Liability Company)		
L05000114999	<i>;</i>			
(Document Number	, if known)			
A copy of this resignation  The agency is terminated	<i>t</i>			last known address.
	Ches	(Signature of Resigning A	gent)	
If signing on behalf of an	entity:			
	,	Cheryl Roberts (Typed or Printed Name)		09 SEC TALL
		President		AR R
		(Capacity)		TAR ASS
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively dis withdrawn limited l	ity company ssolved/voluntarily liability company	Y OF STATE FLORIDA dissolved/

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