

L06000003086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

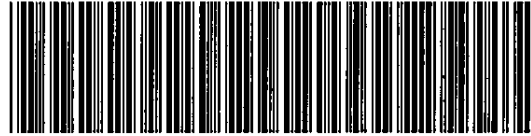
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/13/07--01015--027 **85.00

APPROVED
AND
FILED

07 JUL 13 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. A. Resegni

C. Coulliette JUL 17 2007

NRC

ADORNO & YOSS
A LIMITED LIABILITY PARTNERSHIP
2525 PONCE DE LEON BOULEVARD, SUITE 400
MIAMI, FLORIDA 33134-6012
PHONE: (305) 460-1000, FAX: (305) 460-1422
WWW.ADORNO.COM

RAFAEL G. MORENO

DIRECT LINE: (305) 460-1114

EMAIL: RGM@ADORNO.COM

July 11, 2007

Florida Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

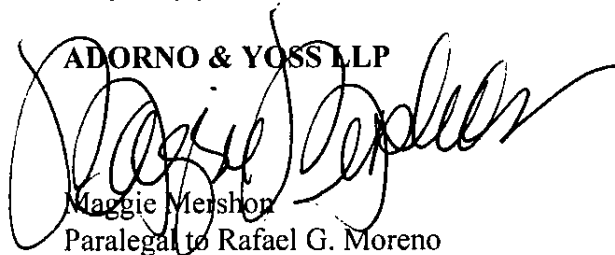
Re: Jerry-Mark Palm View, LLC

Dear Sir/Madam:

Enclosed please find the Resignation of Registered Agent Form for the above referenced entity, along with our Disbursement Account Check #18230, in the amount of \$85.00 to cover the filing fees.

Please feel free to contact me, should you have any questions.

Very truly yours,

ADORNO & YOSS LLP

Maggie Mershon
Paralegal to Rafael G. Moreno

/mm
Enclosures
cc: Howard Taft (with enclosures)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jerry-Mark Palm View, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L-0600000 3086

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:

Mr. Howard Taft

(Name of Person)

Cohen Financial

(Name of Firm/Company)

1001 Brickell Bay Dr., Suite 2112

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Mr. Howard Taft

(Name of Person)

at (866) 315-6494

(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,

RAFAEL G. MORENO, ESQ.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **JERRY-MARK PALM VIEW, LLC**

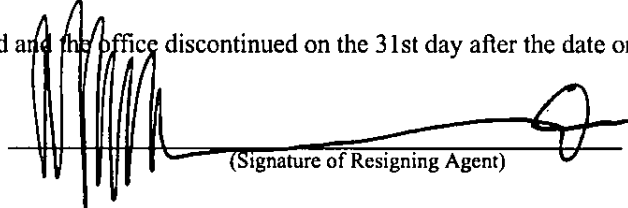
(Name of Limited Liability Company)

L-06000003086

(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)

APPROVED
AND
FILED
07 JUL 13 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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