# L0600000951

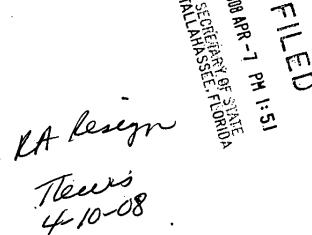
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## BENKIRAN & ASSOCIATES, P.A. ATTORNEYS AT LAW

April 2, 2008

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

RE: College Park Pointe, LLC
Resignation of Registered Agent For A Limited Liability Company
Document # L06000009519

To Whom It May Concern:

In connection with the above referenced matter, attached hereto please find the following:

- 1. Form "Resignation of Registered Agent For A Limited Liability Company";
- 2. Cover Letter; &
- 3. Check #16739 payable to the Division of Corporations for \$85.00 representing the filing fees associated with the above named document.

Please file said document in the state records promptly. Feel free to contact our office with any questions or concerns.

Thank you for your assistance in this matter.

Sincerely,

Michele Biglio-Benkiran, Esq.

#### **COVER LETTER**

Division of Corporations
SUBJECT: College Park Point LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: <u>L 0600009519</u>
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:
Rosemary Hayes, ESA. (Name of Person)
Hayes + Caraballo, PL (Name of Firm/Company)
830 Lucerne Terrace (Address)
City/State and Zip Code)
For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section

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,
(Name of Registered Agont)
Registered Agent for College Park Pointe, LLC
(Name of Limited Liability Company)
LD600009519 (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)

### 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