

L06000031912

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TALLAHASSEE, FLORIDA

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T. CLINE

AUG 25 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 1255 FALLING STAR LANE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000031912

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:

GREVILLE HARVEY  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

4121 NW 106TH AVENUE  
Address

CORAL SPRINGS, FL 33065  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREVILLE HARVEY at ( 917 ) 494-7976  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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,

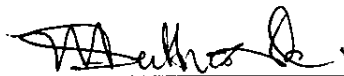
NATALIE NEMBHARD, hereby resigns as  
Name of Registered Agent

Registered Agent for GREVILLE HARVEY  
1255 FALLING STAR LANE, LLC  
Name of Limited Liability Company

L06000031912  
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:

NATALIE NEMBHARD

Typed or Printed Name

MGRM

Capacity

2011 AUG 24 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

### 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