

LO6 000036932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900163709199

12/28/09--01005--012 \*\*25.00

FILED  
2009 DEC 28 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

DEC 29 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HABANA LIBRE HOTEL, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000036932

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:

KENNETH MARLIN  
Name of Person

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

11921 South Dixie Highway #202  
Address

Miami FL 33156  
City/State and Zip Code

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

For further information concerning this matter, please call:

KENNETH MARLIN at (305) 255-2747  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2009 DEC 28 AM 11:02  
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,

KENNETH MARLIN

Name of Registered Agent

, hereby resigns as

Registered Agent for

HABANA LIBRE HOTEL LLC

Name of Limited Liability Company

L06000036932

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:

KENNETH MARLIN

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED  
2009 DEC 28 AM 11:02  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

### 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