

L060000059744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

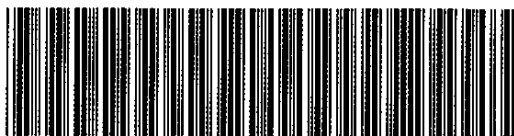
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Resignation
to RA

FILED
2008 JAN 18 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AsR
1/24/08

Jan 15 08 12:01p

Campbell Mastin

561-743-2505

p.1

JAN-14-2008 15:08 FROM:PH STRONG CPA

15887784477

TO:15617432505

P.3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE HOME MAG - WEST PALM BEACH, FL, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: LO 6000059744

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:

CAMPBELL H. MASTIN
(Name of Person)

THE HOME MAG - WEST PALM BEACH, FL, LLC
(Name of Firm/Company)

301 CLEMATIS STREET, SUITE 203
(Address)

WEST PALM BEACH, FL 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

CAMPBELL H. MASTIN at (561) 653 8133
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Jan 15 08 12:01p

Campbell Mastin

561-743-2505

p.2

JAN-14-2008 15:09 FROM: PH STRONG CPA

15087784477

TO: 15617432505

P.4

FILED

2008 JAN 18 PM 12:06

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,

RALPH HARRIS

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

THE HONEYMAK - WEST PALM BEACH

FL, LLC

(Name of Limited Liability Company)

LO 6000059744

(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]
(Signature of Resigning Agent)

If signing on behalf of an entity:

Ralph Harris

(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