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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	WAIT	
(Bu	isiness Entity Nam	ie)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	/
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08/09/06-01006-012 **60.00

07/21/06--01031--005 **25.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MARLIN 531 LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L06000063717

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:

DONNA SCHELLER

(Name of Person)

(Name of Firm/Company)

4780 NW 95TH DRIVE

(Address)

CORAL SPRINGS, FL 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA SCHELLER	at	<mark>, 9</mark> 54 -	821-4720	
(Name of Person)	QL.3.	(Area Code	e & Daytime T	elephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 409 E. Gaines Street Tallahassee, FL 32399

INH517(11/02)



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2006

Donna Scheller 4780 NW 95th Drive Coral Springs, FL 33076

SUBJECT: MARLIN 531 LLC Ref. Number: L06000063717

We have received your document for MARLIN 531 LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

An additional fee of \$60 is due as the fee to resign as registered agent of an active limited liability company is \$85.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 106A00048255

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,

DONNA SCHELLER

(Name of Registered Agent)

Registered Agent for MARLIN 531 LLC

(Name of Limited Liability Company)

L06000063717

(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:

DONNA SCHELLER

(Typed or Printed Name) REGISTERED AGENT

(Capacity)

FILED PH 2:00 TALL ASSEE, FLORIDA

FILING FEES:

- \$ 85.00 \$ 25.00
- Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

, hereby resigns as

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314