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C. LEWIS NOV 1 7 2009 EXAMINER

COVER LETTER

SUBJECT:	Ocala Towi	nhouse	s, LLC		
	Name of Limite	d Liabilit	y Compan	У	
DOCUMENT NUMBER:	l	_06000	068800)	
The enclosed Resignation of Refor filing.	egistered Agent for	a Limite	ed Liabilit	ty Company and fe	e are submitted
Please return all correspondence	e concerning this r	natter to	the follov	ving:	
Jose H. Corte	s, Jr., Esq.		_		
Name of	Person				
Blanchard, Merriam, A		.A.			
Name of Firm	/Company				
PO Box			_		
110011	.55				
Ocala, FL 34					
City/State and	Zip Code				
JCortes@BM/	AKLaw.Com		_		
E-mail address: (to be used for	uture annual report no	tification)	_		
For further information concern	ing this matter, plo	ease call:			
Terri Witherspoor	n at (_	352)	732-7218	
Name of Person		Area Cod	e & Daytir	me Telephone Numb	er

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Division of Corporations

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,			
Jose H. Cortes			
Name of Regis	tered Agent		
Registered Agent for	Ocala Townhosues, LLC		
Nat	me of Limited Liability Company		
L06000068800			
Document Number, if known			
	I to the above listed limited liability company at its last known address. ce discontinued on the B1st 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 Activ \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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

