LD60000084491

| 、 (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: | | | | |
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Office Use Only



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2010 FEB -5 MH 19: 34
SECRETABLE OF STATE

C. LEWIS
FEB 8 2010
EXAMINER

COVER LETTER

TQ;

Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| SUBJECT: | Intrepid 18 LLC Name of Limited Liability Company |
|--|---|
| | Name of Limited Liability Company |
| DOCUMENT NUMBER: | L06000084491 |
| The enclosed Resignation of Reg for filing. | istered Agent for a Limited Liability Company and fee are submitted |
| Please return all correspondence | concerning this matter to the following: |
| Belissa Sar | ntiago |
| Name of Pe | rson |
| Adrimar Investm | |
| Name of Firm/C | Company |
| 500 S. Dixie Hwy | y. Ste. 202 |
| Address | |
| Coral Gables/F | L 33146 |
| City/State and Z | Lip Code |
| bsh@adrim | ar.org |
| E-mail address: (to be used for fut | ure annual report notification) |
| For further information concernir | ng this matter, please call: |
| Belissa Santiago | at (786) 581-4500 Area Code & Daytime Telephone Number |
| Name of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check made payable liability company or \$25.00 for a limited liability company. | e to the Florida Department of State for \$85.00 for an active limited n administratively dissolved, voluntarily dissolved or withdrawn |
| MAILING ADDRESS: | STREET ADDRESS: |
| Amendment Section | Amendment Section |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of s | section 608.416(2) | or 608.509, Florida S | tatutes, the undersigned, |
|----------------------------------|---------------------|--------------------------|--|
| Alfredo J. Perez, PA | | , hereby resigns as | |
| Name of Registered Agent | | | |
| Registered Agent for | | | |
| - | Intr | repid 18 LLC | |
| | | d Liability Company | , |
| L06000084 | 491 | | |
| Document Number, i | | _ | |
| A copy of this resignation was | s mailed to the abo | ve listed limited liabil | ity company at its last known address. |
| The agency is terminated and | Jep | nued on the 31st day a | the date on which this statement is filed. |
| If signing on behalf of an entit | y: | | |
| | Alfred | do J. Perez, PA | |
| | Туре | ed or Printed Name | 2010 FEB |
| | | Capacity | SS. J. |
| | \$ 25.00 A | Active limited liabilit | y company olved/ voluntarily dissolved/ |

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