L06000/04523

(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



500105085425

07/09/07--01022--018 **85.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

AND

C. Coulliers JUL 1 2 2007.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PALMS REALTY, LLC PALMS REALTY II, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L 05000083739 L D 6000104523

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:

BEVERLY D. BOATRIGHT

(Name of Person)

PALMS REALTY, LLC PALMS KEALTY II, U.C.

(Name of Firm/Company)

5000 US HIGHWAY 17, SUITE 18

(Address)

ORANGE PARK, FLORIDA 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

BEVERLY D. BOATRIGHT at (904) 807-9077

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.5	509, Florida Statutes, the undersigned,	•
JOHN F. TOLSON, JR	, hereby resigns as	
(Name of Registered Agent)	,, ,, ,, ,, ,	
Registered Agent for	PARMS REA	UTY, II, LIC
(Name of Limited Liability	y Company)	
(Document Number, if known)	14523	
A copy of this resignation was mailed to the above listed	l limited liability company at its last k	nown address.
The agency is terminated and the office discontinued on	the 31st day after the date on which the	nis statement is filed.
Oor 2 For)	
(Signature of	of Resigning Agent)	
If signing on behalf of an entity:		
		SS
(Typed or Prin	ted Name)	CRET LAHA
(Capacity)	AND FILEI -9 A ARY C
	/	FILED JUL -9 AH 8: 2 CRETARY OF STATE LAHASSEE, FLORE
<u>FILING FEES:</u>		29 NE RID/

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

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withdrawn limited liability company