

**L060000120841**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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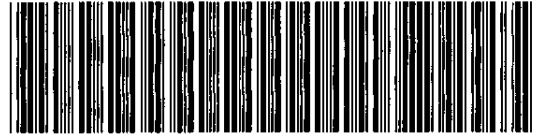
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**L. SELLERS**

**JAN 10 2012**

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12 JAN -6 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRICE PROMENADE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000120841

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:

JEFFREY F. BERIN  
Name of Person

JEFFREY F. BERIN, P.A.  
Name of Firm/Company

1110 NORTH OLIVE AVENUE  
Address

WEST PALM BEACH, FL 33401  
City/State and Zip Code

BERINLAW@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY F. BERIN at ( 561 ) 659-7228  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 608.509, Florida Statutes, the undersigned,

JEFFREY F. BERIN, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for PRICE PROMENADE, LLC

Name of Limited Liability Company

L0600120841

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:

JEFFREY F. BERIN

Typed or Printed Name

DIRECTOR & SOLE OFFICER

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

INHS17 (08/05)

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