

L07000021334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

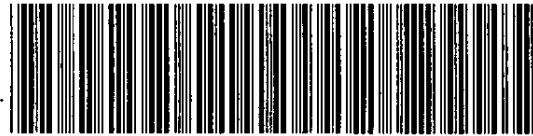
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/02/08--01059--028 **110.00

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08 SEP -2 PM 1:20

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

AKR
2/8/04

August 22, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

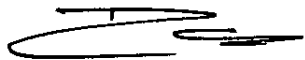
Dear Florida Department of State:

Please find enclosed Amendments to Articles of Organization for Portman Palm Aire, LLC.
Please find also enclosed the Resignation of Registered Agent for the Limited Liability Company.
A new Registered Agent has been designated in the Amendments.

The appropriate fees of \$85 for the Resignation of Registered Agent and \$25 for Amendments
are also enclosed.

Thank you for your assistance in this matter.

Regards,



Dylan Finger -- Manager
Portman Palm Aire, LLC

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,

Susan R. Portman

(Name of Registered Agent)

, hereby resigns as

Registered Agent for PORTMAN PALM-AIRE, LLC

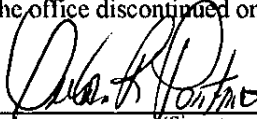
(Name of Limited Liability Company)

L07000021334

(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:

(Typed or Printed Name)

(Capacity)

FILED
08 SEP -2 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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