Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000243898 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ZIES, WIDERMAN, SUTCH & MALEK, PL

Account Number: I20030000045 Phone : (321)255-2332

Fax Number

: (321)255~2351

REGISTERED AGENT RESIGNATION

SATELLITE BEACH HERITAGE PLAZA, LLC

| Certificate of Status | 0 | |
|-----------------------|----------|--|
| Certified Copy | 0_ | |
| Page Count | 01 | |
| Estimated Charge | \$35.00- | |

Electronic Filing Menu

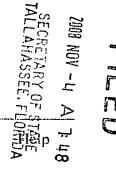
Corporate Filing Menu

NOV - 5 2008

""file.sunbiz.org/scripts/efilcovr.exe

EXAMINER

10/27/2008





H08000243898 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | s of section 608,416 | (2) or 608.509. Florida Statute | es, the undersigned, | | |
|----------------------------|------------------------|--|------------------------|----------------|--------------------|
| The Torpy G | | | hereby resigns as | | |
| | (Name of Registered Ag | • | | | |
| Registered Agent for S | <u>atellite Beac</u> | ch Heritage Plaza | , LLC | | |
| | | | | | |
| | (Name of Li | imited Liability Company) | | | |
| L07000031109 |) | | | | |
| (Document Number | | | | | |
| A copy of this resignatio | n was mailed to the | above listed limited liability co | ompany at its last kno | own addres | SS. |
| The agency is terminated | and the office disco | ontinued on the 31st day after t | the date on which thi | s statement | t is filed. |
| (| Chota a | 3 Sola MGRA | 1 | | · |
| | | (Signature of Resigning Agent) | | | |
| If signing on behalf of ar | entity: | | 5 | . ~ | |
| | Chr | ristina B. Sutch | | 7008 NOV -4 | 7 |
| | | (Typed or Printed Name) | En | 5 | entrateurs E il |
| | Mar | naging Member | SE SE | · 1 | 1 |
| | | (Capacity) | | ξ ⊑ | 177 |
| | | | in C | ² > | F G B |
| | | | Ë | 2 | المسا |
| | | | <u> </u> | | , |
| | FILING \$ 85.00 | FEES: | | | |
| | \$ 25.00 | Active limited liability cor Administratively dissolved | d/voluntarily dissolv | /ed/ | |
| | | withdrawn limited liabilit | v 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)