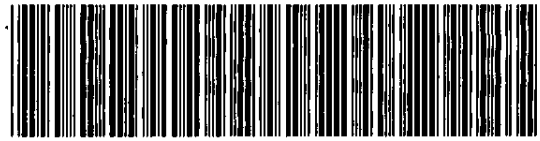


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TALLAHASSEE, FLORIDA  
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(Requestor's Name)

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BROWARD 954.781.1134 | FAX 954.465.2590 | TOLL FREE 800.737.1390

PETER L. MELTZER  
PMELTZER@SIEGFRIEDLAW.COM

REPLY TO BROWARD OFFICE

November 19, 2009

Amendments Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Resignation as Registered Agent for BHI Vista Lago FL, LLC

Dear Sir or Madame:

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:

Peter L. Meltzer, Esquire  
SKRLD, INC. - Siegfried Rivera Lerner DeLaTorre and Sobel P.A.  
201 Alhambra Circle, # 1102  
Coral Gables, FL 33134

For further information concerning this matter, please call Peter L. Meltzer at 954-781-1134.

Enclosed is a check made payable to the Florida Department of State for \$85.00 for the resignation from an active corporation fee.

Sincerely,

SIEGFRIED, RIVERA, LERNER,  
DE LA TORRE & SOBEL, P.A.



Peter L. Meltzer

Encl: Check \$85.00  
cc: BHI Vista Lago FL, LLC  
PLM/mp  
H:\LIBRARY\CASES\5416\2080197\2968166.DOC

# 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,

SKRLD, INC., hereby resigns as  
Name of Registered Agent

Registered Agent for BHI Vista Lago FL, LLC  
Name of Limited Liability Company

L07000045440  
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:

OSCAR R. RIVERA  
Typed or Printed Name  
Vice President  
Capacity

09 NOV 30 PM 4: 09

FILED  
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withdrawn limited liability company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