

Division of Corporations

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L07000103964

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CCDEV LEGAL CORP
Account Number : I20060000098
Phone : (239) 333-2242
Fax Number : (239) 333-2244

REGISTERED AGENT RESIGNATION**MARINA ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

85.00**RECEIVED****2008 MAR -4 AM 8:00****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marina Associates, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L07000103964

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:

Charles PT Phoenix, Esq.

(Name of Person)

Phoenix Law PA

(Name of Firm/Company)

12800 University Drive, Suite 260

(Address)

Fort Myers, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles PT Phoenix, Esq. at (239) 461-0101

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

(((H080000569723)))

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,

Charles PT Phoenix, Esq.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **Marina Associates, LLC**

(Name of Limited Liability Company)

L07000103964

(Document Number, if known)

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DIVISION OF CORPORATIONS
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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)

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