

May 1, 2008 11:53 AM

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No. 5432 Pg. 1 of 1

**L07000111192**

Florida Department of State  
Division of Corporations  
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Division of Corporations

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Account Name : BELOFF & SCHWARTZ

Account Number : I20010000064

Phone : (305) 673-1101

Fax Number : (305) 673-5505

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08 MAY -1 PM 4:15  
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TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION**

**FORTUNATA INVESTMENTS, LLC**

Certificate of Status	1
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*PA Resign.*  
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May. 1. 2008 11:58AM Information

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(((H08000118382 3)))

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FORTUNATA INVESTMENTS, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L07000111192

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:

**GERALD K SCHWARTZ ESQ**  
(Name of Person)

**BELOFF & SCHWARTZ**  
(Name of Firm/Company)

**1111 LINCOLN RD SUITE 400**  
(Address)

**MIAMI BEACH FL 33139**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**GERALD K SCHWARTZ** at ( 305 ) 673-1101  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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May. 1. 2008 11:58AM Imation

No. 5432 P. 3  
(((H08000118382 3)))

## 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,

**GERALD K. SCHWARTZ ESQ**

, hereby resigns as

(Name of Registered Agent)

Registered Agent for **FORTUNATA INVESTMENTS, LLC**

(Name of Limited Liability Company)

**L07000111192**

(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)

### 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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