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## COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: 5850 Investments of Central Florida	a, L. L. C	<b>).</b>	
Name of Limited	Liability	Company	
DOCUMENT NUMBER: L07000128078			
The enclosed Resignation of Registered Agent for a for filing.	a Limited	Liability Company and fee are	submitted
Please return all correspondence concerning this ma	atter to th	e following:	
Ronald M. Hand, Esquire			
Name of Person			
Ronald M. Hand, P. A.			يعرمة إسسر
Name of Firm/Company			すだ
122 South Rose Avenue			SEP 27
Address			27
Kissimmee, FL 34741			PH CO
City/State and Zip Code	<del></del>		PM 3: 39
E-mail address: (to be used for future annual report noti	fication)		
For further information concerning this matter, plea	ase call:		
Ronald M. Hand	07	846-6133	
	rea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Fl	orida Statutes, the undersigned,
Ronald M. Hand	, hereby resigns as
Name of Registered Agent	, 100000 100000
Registered Agent for 5850 Investments of C	entral Florida, L. L. C.
Name of Limited I	Liability Company
L07000128078	
Document Number, if known	
A copy of this resignation was mailed to the above	e listed limited liability company at its last known address.
The agency is terminated and the office discontinu	ued on the 31st day after the date on which this statement is filed.
2 Missig	nature of Resigning Agent
If signing on behalf of an entity:	23
**************************************	or Printed Name
C	apacity

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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