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T. HAMPTON

MAR 1 6 2011

EXAMINER

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT:	NASSAU HO	OTEL, LLC		
	Name of Limited I	Liability Company	y	
DOCUMENT NUMBER:	LO:	<u>8000005570</u>		
The enclosed Resignation of Reg for filing.	gistered Agent for a	Limited Liabilit	y Company and fee are	submitted
Please return all correspondence	concerning this mat	tter to the follow	ving:	
Mary F	nk			
Name of Po	erson			
National Corporate Re				
Name of Firm/	Company			
615 South DuPo				
Addres	5			
Dover, Delawa	re 19901			
City/State and	Zip Code			
E-mail address: (to be used for fu	ture annual report notific	cation)		•
For further information concerni	ng this matter, pleas	e call:		
Mary Fink		800)	483-1140	
Name of Person	Are	ea Code & Daytin	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,					
National Corporate Research, Ltd., Inc. , hereby resigns as					
	Name of Registered Agent				
Registered Agent for	NASSAU HOTEL, LLC				
	Name of Limited Liability Company				
L0800	0005570				
Document N	umber, if known				
A copy of this resignation	on was mailed to the above listed limited liability company at its last known address.				
The agency is terminate	d 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 a	n entity:				
	Wayne Rafanelli,				
	Typed or Printed Name				
	VP National Corporate Research, LTD., Inc.				
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

SECRETARY OF STATE OIVISION OF CORPORATIONS