(F	Requestor's Name)
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	Address)
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	City/State/Zip/Phone #)
(C	uty/State/zip/Prione #)
PICK-UP	☐ WAIT ☐ MAIL
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. (Е	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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JUL 23 2009

EXAMINER

Office Use Only



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07/22/09--01020--009 **135.00

MOYLE, FLANIGAN, KATZ, BRETON & WHITE, P.A.

ATTORNEYS AT LAW

Office Delivery: 625 North Flagler Drive - 9th Floor West Palm Beach, Florida 33401-4025

Post Office Delivery: P.O. Box 3888 West Palm Beach, Florida 33402-3888

> Telephone: (561) 659-7500 Facsimile: (561) 659-1789

FRANCIS X. J. LYNCH

Direct Line: (561) 822-0387 E-mail: flynch@moylelaw.com Wellington Office (561) 227-1560

July 21, 2009

FEDERAL EXPRESS

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re:

Calabrese Investments, LLC

To Whom It May Concern:

With regard to the above, enclosed please find the following original documents:

- 1. Resignation of Registered Agent for a Limited Liability Company,
- 2. Resignation of Member, Managing Member or Manager from Florida Limited Liability Company,
- Statement of Change of Registered Office or Registered Agent or Both for Limited 3. Liability Company

check no. 427 in the amount of \$135.00 representing the filing fees for the above and 4. documents

Should you have any questions or comments in this regard, please feel free to contact me.

Sincerely,

FXJL/kh Enclosures

cc: Mr. Robert Calabrese

G:\03888\1\SALE\LTR-DIVISION CORP.DOC

COVER LETTER

SUBJECT: CALABRESE INVEST	MENTS LLC	
Name of Limited Liabili	ity Company	
DOCUMENT NUMBER: L08000	0019950	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitte	d
Please return all correspondence concerning this matter to	the following:	
Francis X. J. Lvnch, Esquire		
Francis X. J. Lynch, Esquire Name of Person	_	
Moyle, Flanigan, Katz, Breton, White & Krasker Name of Firm/Company	2009 JUL 22 SECRETARY TALLAHASSI	-
625 North Flagler Drive, 9th Floor Address		
West Palm Beach, FL 33401 City/State and Zip Code	PH 1: 49 OF STATE E. FLORIDA	C
E-mail address: (to be used for future annual report notification	•	
For further information concerning this matter, please call	l :	
Francis X. J. Lynch at (561 Area Co) 822-0387 de & Daytime Telephone Number	
Enclosed is a check made payable to the Florida Departm	ent of State for \$85.00 for an active limited	

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

TO:

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 se	ction 608.416(2) or 608.509, Florida Statutes, the undersigned,
RICHAR	RD CALABRESE , hereby resigns as
Name o	f Registered Agent
Registered Agent for	CALABRESE INVESTMENTS, LLC
	Name of Limited Liability Company
L080000199	50
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	ne 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	Richard Calabhese Typed or Printed Name. Le na giag Member Capacity

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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