

L08000027969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

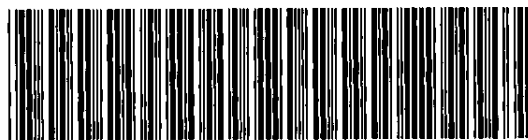
(Business Entity Name)

(Document Number)

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10 APR - 1 PM 4:11

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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10 APR - 1 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Resign*

C.COULLIETTE

APR 02 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 337597 7361995

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : April 1, 2010

ORDER TIME : 2:59 PM

ORDER NO. : 337597-005

CUSTOMER NO: 7361995

DOMESTIC AMENDMENT FILING

NAME: TRIBUTE RESIDENTIAL, LLC

XX RESIGNATION OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: \_\_\_\_\_

## 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,


Garcia-Oliver & Mainieri, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for Tribute Residential, LLC  
Name of Limited Liability Company

L080000027969  
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:

Angel M. Garcia-Oliver, Esq.  
Typed or Printed Name  
President  
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withdrawn limited liability company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

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10 APR - 1 PM 1:41  
SECRETARY OF STATE  
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