L080000048054

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
. Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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06/20/12--01014--004 **255.08



J. BRYAN

JUN 2 1 2012

EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section $608.416(2)$ or 608.509 , Florida Sta	tutes, the undersigned,
C T CORPORATIO	N SYSTEM	, hereby resigns as
	(Name of Registered Agent)	
Registered Agent for _	WALTON STREET ADVISORS, LLC (FL. I	DOM.)
	(Name of Limited Liability Company)	· · ·
L08000048054		
(Document Nu	mber, if known)	
A copy of this resignar	tion was mailed to the above listed limited liability	y company at its last known address.
The agency is termina	(Signature of Resigning Agent)	Alfieri SECILE ASS
If signing on behalf of	an entity:	
	C T CORPORATION SYSTEM - Theresa A	Alfieri 28 F
	(Typed or Printed Name)	
	ASSISTANT SECRETARY	
	(Capacity)	A II: 41

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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