L08000/12438

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700207985297

06/13/11--01032--001 **85.00

11 JUN 13 PH 3: 27
SECRETARY OF STATE

RAPOSLIP Theres Le-20-11 2210 VANDERBILT BEACH ROAD SUITE 120J NAPLES, FLORIDA 34109 TEL: 239.649.5200 FAX: 239.649.8140 WWW.CCDLEGAL.COM



J. THOMAS CONROY, III
BOARD CIRTIFIED REAL ESTAIL LAWYER
KRISTIN M. CONROY
BOARD CERTIFIED REAL ESTAIL LAWYER
MICHAEL A. DURANT
BOARD CERTIFIED REAL ESTAIL LAWYER
JOSHUA D. RUDNICK

June 7, 2011

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

Re: Whalen Holdings of Southwest Florida, LLC

Document No. L08000112438

Dear Sir/Madam:

In regard to the above-referenced entity, enclosed is Resignation of Registered Agent for a Limited Liability Company. Also, enclosed is Check No. 5818 in the amount of \$85.00 made payable to Florida Department of State.

Very truly yours,

CONROY, CONROY & DURANT, P.A.

J. Thomas Conroy, III

Encl.

cc: Mr. Bill Whalen (w/ encl.)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 608.416(2) or 608.509	9, Florida Statutes, the	undersigned,	PSI
J. Tł	nomas Conroy, III	, hereb	y resigns as	是工
Nan	ne of Registered Agent			ا لا الرابع
Registered Agent for	Whalen Holdings	s of Southwest Flo	orida, LLC	PH 3: 27
	Name of Limited Liability C	Company		
L0800011	2438			•
Document Number	; if known	/ /		
A copy of this resignation w	as mailed to the above listed li	mited liability compar	ny at its last known	address.
The agency is terminated and	d the office discontinued on the	e 3/st day after the dat	te on which this sta	tement is filed.
If signing on behalf of an en	tity:	/		
_	Typed or Printed	Name		
	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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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