L09000025957

(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:





500208113085

06/01/11--01023--017 **50.00



J. SAULSBERRY EXAMINER

JUN 7 2011



111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

May 25, 2011

RE: MAVIZON, LLC RCP NO. 3, L.L.C.

(FL. DOM.) (FL. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of 50.00 to cover the required filing fee.

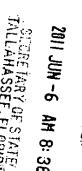
Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.4	l 6(2) or 608.509, Florida Statute	es, the undersigned	l,		
C T CORPORATION SYSTEM			, hereby resigns as			
	(Name of Registered A		norecy resigns as			
Registered Agent for _	MAVIZON, LLC	(FL. DOM.)				-
	(Name of	Limited Liability Company)				_,
L09000025957						
(Document Nur	nber, if known)					
A copy of this resignati	on was mailed to the	e above listed limited liability co	ompany at its last k	cnown ac	ddress.	ı
The agency is terminate	ed and the office dis	continued on the 31st day after t	the date on which t	this state	ment i	s filed.
If signing on behalf of a		gnature of Resigning Agent)		SECRETARY:	2011 JUN -6	
	C T CORPORA	TION SYSTEM - Theresa Alfie	eri	$\mathbb{T}_{\mathcal{S}}^{\widetilde{m}}$	A	
	ASS	(Typed or Printed Name) SISTANT SECRETARY		TATE	8: 36	Transpare Transpare

FILING FEES:

(Capacity)

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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