L09000032766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2010 JUL 30 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/6/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Elevation Communities, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000032766

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander Angueira
Name of Person

Name of Firm/Company

7301 SW 57th Court, Suite 515
Address

South Miami, Florida 33143
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

Please return stamped filed copy on enclosed photocopy of the Resignation.

For further information concerning this matter, please call:

Alexander Angueira at (305) 357-9000
Name of Person Area Code & Daytime Telephone Number

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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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

FILED
2010 JUL 30 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Alexander Angueira , hereby resigns as
Name of Registered Agent

Registered Agent for Elevation Communities, LLC

Name of Limited Liability Company

L09000032766
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:

Typed or Printed Name

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)