

05/21/2010 07:32

850-245-1830

REGISTRATION SECTION

PAGE 01/02

JUN-18-2010 06:43A FROM: AIA REGISTERED AGENT IL (561) 202-8082

TO: 18505176593

L 09000051202

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000143273 3)))



H100001432733/ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 611-6383

From:

Account Name : AIA REGISTERED AGENT INC.
Account Number : 120090000032
Phone : (866) 703-8828
Fax Number : (561) 202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
10 JUN 18 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
10 JUN 18 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION
HAMLIN & ASSOCIATES REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

PA Resign.

Electronic Filing Menu

Corporate Filing Menu

Help



JUN 21 2010

JUN-18-2010 06:44A FROM:A1A REGISTERED AGENT I (561) 202-8082

TO:18506176393

P.2

H100001432733

**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,

A1A REGISTERED AGENT INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for

HAMLIN & ASSOCIATES REALTY LLC

Name of Limited Liability Company

LO9000051202

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:

TINA MAKI

Typed or Printed Name

PRESIDENT

Capacity

FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability companySECRETARY OF STATE
FILING

10 JUN 18 AM 10:02

FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DNHS17 (08/05)

H100001432733