

LO9000064925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

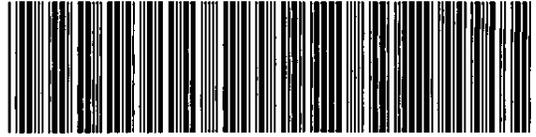
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA RES  
12/10/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Paradize Property Management LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000064925

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:

Jeri Dausey  
Name of Person

Paradize Property Management LLC  
Name of Firm/Company

10180 W Bay Harbor Drive  
Address

Bay Harbor Islands, Florida 33154  
City/State and Zip Code

jeridee@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeri Dausey at ( 305 ) 957-0088  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

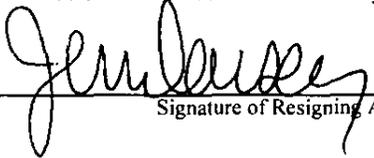
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Jeri Dausey, hereby resigns as  
Name of Registered Agent

Registered Agent for Paradize Property Management LLC  
Name of Limited Liability Company

L09000064925  
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:

Jeri Dausey  
Typed or Printed Name  
Registered Agent / Manager  
Capacity

FILED  
09 DEC -4 AM 10: 09  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

**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