

209000 114015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

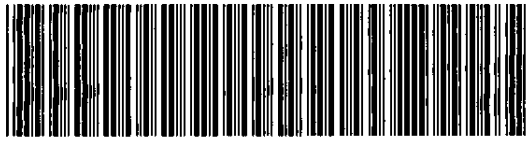
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800207994768

05/26/11--01040--017 **85.00

FILED
11 MAY 26 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resig
100
6-8

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARINABIVE 5108 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 209000114015

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:

ED GONZALEZ
Name of Person

FLORIDA CORPORATE REGISTERED AGENTS, LLC.
Name of Firm/Company

760 NW 107 AVE, SUITE 208
Address

MIAMI, FL 33172
City/State and Zip Code

ESGCPA@BELL SOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ED GONZALEZ at (305) 485-3131
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,


FLORIDA CORPORATE REGISTERED AGENTS, LLC., hereby resigns as
Name of Registered Agent

Registered Agent for MARINAB/VC 5108, LLC.
Name of Limited Liability Company

209000114015
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:

ED GONZALEZ
Typed or Printed Name
MANAGER
Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 26 PM 12:34

FILED

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