

L100000088098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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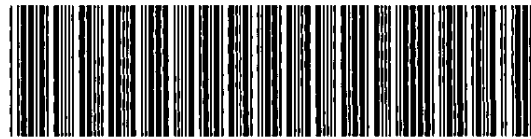
(Business Entity Name)

(Document Number)

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2012 SEP 17 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

SEP 18 2012

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 5505 INVESTMENTS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L1000088098

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:

Rafael A. Gaitan  
Name of Person

Gaitan Morales, PLLC  
Name of Firm/Company

1110 Brickell Ave #407  
Address

Miami, FL 33131  
City/State and Zip Code

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

For further information concerning this matter, please call:

Rafael A. Gaitan at ( 305 ) 4438900  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2012 SEP 17 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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,

Gaitan Morales, PLLC, hereby resigns as  
Name of Registered Agent

Registered Agent for 5505 INVESTMENTS, LLC  
Name of Limited Liability Company

L10000088098  
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:

Rafael A. Gaitan  
Typed or Printed Name  
Manager  
Capacity

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SECRETARY 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