

LI 0000103219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

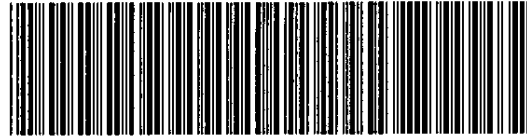
(Business Entity Name)

(Document Number)

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2011 SEP 19 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE
SEP 20 2011
EXAMINER

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TALLAHASSEE
TAMPA
WEST PALM BEACH

CARLTON FIELDS

ATTORNEYS AT LAW

Jay A. Steinman
Shareholder
305.539.7219 Direct Dial
jsteinman@carltonfields.com

Miami Tower
100 S.E. Second Street, Suite 4200
Miami, Florida 33131-2114
P.O. Box 019101
Miami, Florida 33131-9101

305.530.0050
305.530.0055 fax
www.carltonfields.com

September 16, 2011

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

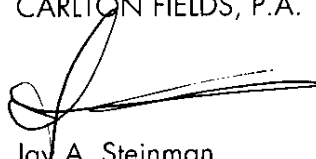
Re: North Miami, LLC
Resignation of Registered Agent for a Limited Liability Company

Gentlemen:

Enclosed is a check made payable to the Florida Department of State for \$850.00 for the above referenced matter. Please handle accordingly.

Sincerely,

CARLTON FIELDS, P.A.



Jay A. Steinman
For the Firm

JAS:nm
Enclosure

2011 SEP 19 11:18 AM
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH MIAMI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000103219

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:

JAY STEINMAN
Name of Person

CARLTON FIELDS, P.A.
Name of Firm/Company

100 SE SECOND STREET, SUITE 4200
Address

MIAMI, FLORIDA 33131
City/State and Zip Code

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

For further information concerning this matter, please call:

JAY STEINMAN at (305) 539-7219
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

FILED
2011 SEP 19 PM 11:19
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,

JAY STEINMAN

Name of Registered Agent

, hereby resigns as

Registered Agent for

NORTH MIAMI, LLC

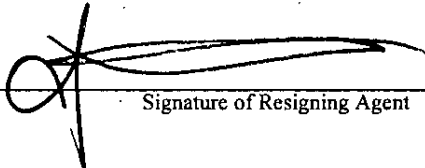
Name of Limited Liability Company

L10000103219

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

2011 SEP 19 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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