

L1000012084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

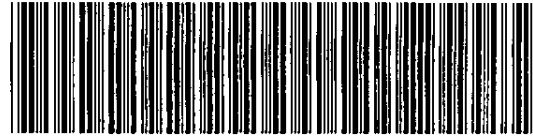
(Business Entity Name)

(Document Number)

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PA Receipt

FILED  
11 MAY -3 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA-1021



**CAPITOL  
SERVICES**

**Resignation of Registered Agent for a  
Limited Liability Company**

**Capitol Corporate Services, Inc.**  
PO Box 1831  
Austin, TX 78767  
Phone: 800-345-4647 Fax: 800-432-3622  
regagent@capitol-services.com

**Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**DATE:** 4/28/2011  
**STATE:** FLORIDA  
**REP UNIT:** 16383 ASSOCIATES, LLC

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Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 21532 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-14048G

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 16383 ASSOCIATES, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000120884

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:

Rhonda Maybin

Name of Person

Capitol Services Registered Agent Department

Name of Firm/Company

800 Brazos, Suite 400

Address

Austin, Texas 78701

City/State and Zip Code

rmaybin@capitol-services.com

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

For further information concerning this matter, please call:

Rhonda Maybin

Name of Person

at ( 800 ) 345-4647

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

**FILED**  
11 MAY -3 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Capitol Corporate Services, Inc., hereby resigns as

Name of Registered Agent

Registered Agent for

16383 ASSOCIATES, LLC

Name of Limited Liability Company

L10000120884

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.

*Cheryl Roberts*

Signature of Resigning Agent

If signing on behalf of an entity:

Cheryl Roberts

Typed or Printed Name

President

Capacity

**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**