

L11000064441

(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:

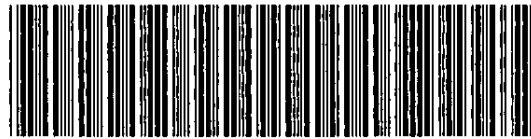
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 11 PM 3:20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROWNDER CAPITAL PARTNERS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 611000064441

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:

WADSON SAINVIL

Name of Person

BROWNDER PROPERTIES, LLC

Name of Firm/Company

2827 SW 4TH ST.

Address

FT. LAUDERDALE, FL 33312

City/State and Zip Code

ADMIN @ BROWNDERPROPERTIES.COM

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

For further information concerning this matter, please call:

WADSON SAINVIL

Name of Person

at (954) 448-4099

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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DIVISION OF CORPORATIONS
12 JUL 11 PM 3:30

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,

JASMIN SEARS, hereby resigns as
Name of Registered Agent

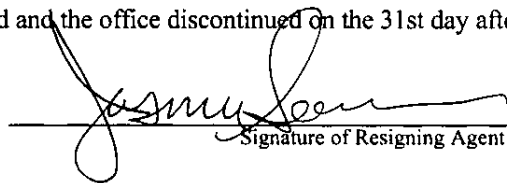
Registered Agent for BROWDER CAPITAL PARTNERS, LLC
Name of Limited Liability Company

L100006441
Document Number, if known

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JUL 11 PM 3:30

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

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