# LIIOOOORAOI

questor's Name)	
dress)	<del> </del>
dress)	
y/State/Zip/Phone	e #)
WAIT	MAIL
siness Entity Nan	ne)
(Document Number)	
Certificates	s of Status
Special Instructions to Filing Officer:	
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nar  cument Number)  Certificates

Office Use Only



100250956041

09/10/13--01023--014 \*\*85.00



(SEP 1 8 2013)

### COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: seama investments 1501 llc

Name of Limited Liability Company

DOCUMENT NUMBER: L11000086901

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:

Z del Portillo

Name of Person

ISABEL S. MARTINEZ PL

Name of Firm/Company

2655 LE JEUNE ROAD SUITE 809

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

ZDELPORTILLO@ISMLEGAL.COM

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

For further information concerning this matter, please call:

ZONIA L DEL PORTILLO at , 305 , 441-2284

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	6(2) or 608.509, Florida Statutes, the undersigned,
ISABEL S. MARTINEZ	, hereby resigns as
Name of Registered Ago	ent
Registered Agent for SEAMA INVES	STMENTS 1501 LLC
Name of Lis	mited Liability Company ,
L11000086901	
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 disc	ontinued 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
FILINC \$ 85.00 \$ 25.00	GFEES:  Active limited liability company Administratively dissolved/ voluntarily dissolved withdrawn limited liability company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

#### **REGISTERED AGENT RESIGNATION**

## SEAMA INVESTMENTS 1501 LLC a Florida-limited liability company

The undersigned, ISABEL S. MARTINEZ, hereby resigns as Registered Agent for the above limited liability company, organized and existing under the laws of the State of Florida, Document L11000086901 and affirms that the company has been notified in writing of the resignation effective February 1, 2012.

Isabel S. Martinez

Dated this 27th day of January, 2012.

SECULARY OF STATE