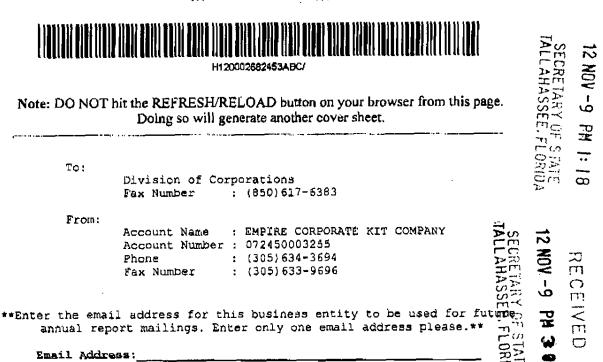
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LLC REGISTERED AGENT RESIGNATION 6516 RE VENTURE, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

D. BRUCE

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: 6516 RE VENTURE LABILITY OF LIMITED LIABILITY OF	Company	
DOCUMENT NUMBER: L120001005	05	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted	
Please return all correspondence concerning this matter to the	following:	
MARIA FELIPE DE NAVA		
Name of Person	TAIS TS	
•	12 NOV SECREI ALLAH	
Name of Firm/Company	IOV -	· T1
1240 NE 93 ST.	SSEE.	TILET ON AN
MiAmi Shores F 33138 City/State and 21p Code	FLORDE - 8	J
MARIA_FELIPE@_VAHOO.COM E-mail address: (to be used for fixture annual report notification)		
For further information concerning this matter, please call:		
Maria Felipe De Nava 2 1860	334-5717	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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
Tailahassee, FL 32301

Area Code & Daytime Telephone Number

H12000268245.

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,

HKC TNVESTMENTS FARTNERS, U.C., hereby resigns as		
Registered Agent for 6516 RE VENTURE, LIC.	-	
Name of Limited Liability Company	-1	
L12000100505 Document Number, il'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: Julianna lastro Typed or Printed Nume Managing Member . Capability	SECRETARY OF STALLAHASSEE, FL	APPROYEL AND FILED
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	ORIDA 1. 18	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahussee, FL 32314

INH\$17 (08/05)