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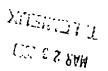
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COVER LETTER

Registration Section Division of Corporations ADVANTAGE PROPERTIES LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: 1.12000127494 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: Chelsea Chapman Name of Person Legaline Corporate Services, Inc. Name of Firm/Company 10601 Clarence Drive, Suite 250 Address Frisco, TX 75033 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the pro-	visions of section 605.01	15. Florida Statutes, the un-	dersigned,		
Legaline Corporate Services, Inc.			, hereby resigns as		
	Name of Registered Ag	ent			
Registered Agent fo	or ADVANTAGE PROPE	RTIES LLC			_
	Name of Li	mited Liability Company	· · · · · · · · · · · · · · · · · · ·		_ ·
1,12	000127494				
Docume	nt Number, if known				
A copy of this resig	nation was mailed to the	above listed limited liability	ty company at its last l	known address	
If signing on behalf	Chulse	ontinued on the 31st day af MADOMO Signature of Resigning Agen	<u>!h</u>		
	Chelsea Chapman				
	<u> </u>	Typed or Printed Name		产品 置	ا سرحه
		ne Corporate Services, Inc.		A H	1
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	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily disso ility company	O P 2: 0.9	

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