

L130000 29503

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Ra Resignation

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

19 MAR 1997 DEPT

19 MAR -4 A 8:03

**SUBJECT:** San Nicolas LLC

Name of Limited Liability Company

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**DOCUMENT NUMBER:** L13000029503

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:

Mercedes Olivares

Name of Person

CTC Management Services LLC

Name of Firm/Company

220 Alhambra Circle, 2nd Floor

Address

Coral Gables, FL 33134

City/State and Zip Code

molivares@ameranttrust.com

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

For further information concerning this matter, please call:

Arturo Jordan

at (

305

4478555

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CTC Management Services LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for San Nicolas LLC

Name of Limited Liability Company

L13000029503

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.

J. Gabaldon M. Olivares  
Signature of Resigning Agent

If signing on behalf of an entity:

Jose R Gabaldon and Mercedes Olivares

Typed or Printed Name

Authorized Signer

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withdrawn limited liability company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

19 MAR 27 AM 8:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS