

L150000019935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

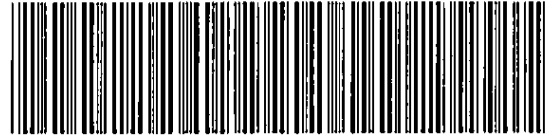
(Business Entity Name)

(Document Number)

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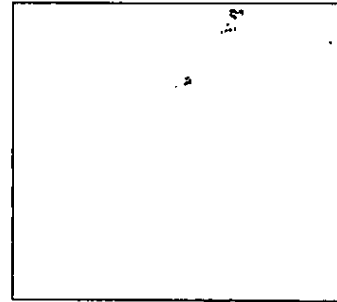
WALK-IN

ENTITY NAME:

MFSF BRICKELL HOTEL PARTNERS, LLC

File RA Resignations – Plain Copy Back

Check # 8440 for \$85.00 attached.



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ATRIUM REGISTERED AGENTS, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for MFSF BRICKELL HOTEL PARTNERS, LLC

Name of Limited Liability Company

L15000019935

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.

Signature of Resigning Agent

If signing on behalf of an entity:

RALPH A. NARDI

Typed or Printed Name

VICE PRESIDENT, DIRECTOR

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withdrawn limited liability company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