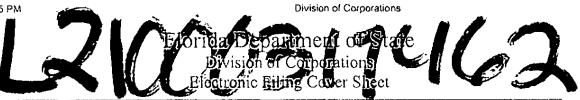
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LID.

Account Number : I20050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION PLANTATION 101 SW 58 LLC

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COVER LETTER

TO: Registration Section Division of Corporations

PLANTATION 101 SW 58 LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: <u>L21000317462</u>	
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 th	e following:
Westley Look	
Name of Person	
Incorporating Services, Ltd.	
Name of Firm/Company	
3500 S DuPont Highway	
Address	
Dover, DE 19901	
City/State and Zip Code	
wlook@incserv.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Westley Look 302	531-0703
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 H230000655713

→ 8506176383

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes, the u	undersigned,	
Incorporating Service	es, Ltd.	, hereby resigns as	
	Name of Registered Agent	, , , , , , , , , , , , , , , , ,	
Registered Agent for PL	ANTATION 101 SW 58 LLC		
	Name of Limited Liability Company		,
	(value of thinked blabiny company		
L21000317462			
Document Nun	iber, if known		
A copy of this resignation	was mailed to the above listed limited liab	pility company at its last known address.	
The agency is terminated	and the office discontinued on the 31st day	rafter the date on which this statement is	filed.
If signing on behalf of an	Amanda Archambault Typed or Printed Name Assistant Secretary Capacity FILING FEES:	ity company ssolved/ voluntarily dissolved/	10

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