L 98000001423

(Re	questor's Name)	
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PICK-UP	☐ WAIT	☐ MAIL ←
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TATLATIANSSEE, PLONDA

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Greenberg Traurig, P.A.		
Requester's Name		
Address		
A SCACES CONT		
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Please call June at 222-689. Thank you!	1 when ready.	
	-	Office Use Only
CORPORATION NAME(S) & DO	OCUMENT NUMBER(S),	(if known):
1 Residential P	lara ALF, L	-LC.
(Corporation Name)	(Document #)	
2		
(Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time	PLS call	☐ Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
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NEW FILINGS	<u>AMENDMENTS</u>	Copy
Profit Not for Profit	Amendment Resignation of l	0)
Not for Profit Limited Liability	Change of Regi	R.A., Officer/Director stered Agent
Domestication	Dissolution/Wit	hdrawal
☐ Other	☐ Merger	
OTHER FILINGS	REGISTRATION/	<u>QUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partner	shin
- Fichtious maine	Reinstatement	omh
	Trademark	
	☐ Other	
		Examiner's Initials

CR2E031(7/97)

February 13, 2006

GREENBERG TRAURIG

TALLAHASSEE, FL

SUBJECT: RESIDENTIAL PLAZA ALF, L.L.C.

Ref. Number: L98000001423

We have received your document for RESIDENTIAL PLAZA ALF, L.L.C. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Registered agent must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 006A00010232

RECEIVED

06 MAR -1 PM 3: 1

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: RESIDENTIAL PLAZA ALF, L.L.C.
(Name of Limited Liability Company)
DOCUMENT NUMBER: L98000001423
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:
Pedro A. Martin
(Name of Person)
Greenberg Traurig, P.A.
(Name of Firm/Company)
1221 Brickell Avenue
(Address)
Miami, FL 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
Pedro A. Martin at (305) 579-0545 (Name of Person) (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida	Statutes, the undersigned,	
Pedro A. Martin		, hereby resigns as	
	(Name of Registered Agent)	,,g	
Registered Agent for _		<u> </u>	
RESIDENTIAL PL	AZA ALF, Ł.L.C.		
	(Name of Limited Liability Company)		
L98000001423			
(Document Nur	mber, if known)		
	ion was mailed to the above listed limited liab ed and the office discontinued on the 31st de (Signature of Resigning Agent)	y after the date on which this statement is f	1
If signing on behalf of	an entity:	SSERY - [
	Pedro A. Martin		<u> </u>
	(Typed or Printed Name) Registered Agent	PH-3:34 FSTATE FLORIDA	;
	(Capacity)		

\$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