9900000541

| (Re | equestor's Name) | |
|-------------------------|----------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Ći | ty/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Name |) |
| (Do | ocument Number) | · |
| Certified Copies | _ Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
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HUNTER & MARCHMAN, P.A.

Attorneys and Counselors at Law 227 West Park Avenue Winter Park, FL 32789

KENNETH R. MARCHMAN

Post Office Box 340 Winter Park, FL 32790

Telephone (407) 647-6900 Facsimile (407) 647-1040 e-mail: hunterandmarchmanpa@earthlink.net

September 26, 2003

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: New York Avenue Property, L.L.C.

Gentlemen:

Enclosed herewith are the following documents to be filed with the Division of Corporations:

- 1. Resignation of Registered Agent
- 2. Articles of Amendment to Articles of Organization
- 3. Statement of Change of Registered Office or Registered Agent

Also enclosed is our firm check in the amount of \$145.00 for filing fees, and a self-addressed, stamped envelope for your convenience in returning the recorded documents.

If you have any questions, please do not hesitate to call.

Sincerely, Susan Jucker

Susan Tucker

Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| Russell L. Mills, SR , hereby resigns as (Name of Registered Agent) | | |
| Registered Agent for New York Avenue Property, L.L.C., a Florida limited liability company | | |
| (Name of Limited Liability Company) | | |
| L9900000541 (Document Number, if known) | . <u>-</u> | |
| A copy of this resignation was mailed to the above listed limited liability company at its last known addre | SS. | |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement of Resigning Agent) Signature of Resigning Agent) | | |
| | | |
| (Typed or Printed Name) | J | |
| (Capacity) C. CO | | |

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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