

LAW OFFICES OF L. BYRON REID, CHARTERED

109 Harrison Avenue  
P. O. Box 607 (32402)  
Panama City, Florida 32401

Telephone: (904) 911-1000

February 23, 2000

Fax: (850) 781-1012

L99000004156

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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-02/24/00--01077--012  
\*\*\*\*\*85.00 \*\*\*\*\*85.00

IN RE: COPA PROPERTIES, L.L.C.  
RESIGNATION OF RESIDENT AGENT

Dear Sir:

Enclosed please find form INHS17(10/99), Resignation of Resident Agent for a Limited Liability Company, and my check in the amount of \$85.00 to cover costs of filing the resignation.

Should you have any questions or comments, please do not hesitate to contact my office.

Sincerely,

LAW OFFICES OF L. BYRON REID, CHARTERED



L. Byron Reid

LBR/mna

Enclosures: As stated

cc: Copa Properties, L.L.C.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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E-Mail: byronreid@i-1.net

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## 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,

L. Byron Reid, Esquire

(Name of Registered Agent)

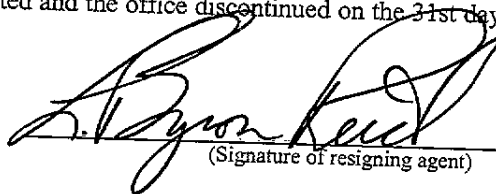
, hereby resigns as

Registered Agent for Copa Properties, L.L.C.

(Name of Limited Liability Company)

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:

Law Offices of L. Byron Reid, Chartered

(Typed or printed name)

Owner

(Capacity)

### FILING FEES:

\$ 85.00 Active Limited Liability Company  
\$ 25.00 Dissolved Limited Liability Company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILED  
00 FEB 28 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA