L99000005817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan MAR - 8 2007

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PAVILLION USA, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L99000005817

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:

CASEY WOLFF, ESQ.
(Name of Person)

PAULICH, SLACK & WOLFF, P.A.
(Name of Firm/Company)

5147 CASTELLO DRIVE
(Address)

NAPLES, FL 34103
(City/State and Zip Code)

For further information concerning this matter, please call:

CASEY WOLFF, ESQ. at (239) 261-0544
(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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
07 MAR -7 AM 10: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CASEY WOLFF, ESQ. , hereby resigns as
(Name of Registered Agent)

Registered Agent for PAVILLION USA, LLC

,
(Name of Limited Liability Company)

L99000005817
(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:

CASEY WOLFF, ESQ.
(Typed or Printed Name)

Registered Agent
(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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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