

L99000005903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

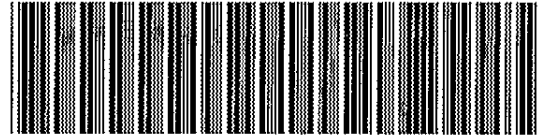
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/04/02--01023--023 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BN

SHUTTS
&
BOWEN
LLP

ATTORNEYS AND COUNSELLORS AT LAW

December 3, 2002

Mr. Buck Kohr
Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
02 DEC -4 PM 6:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: RESIGNATION OF REGISTERED AGENT

Dear Mr. Kohr,

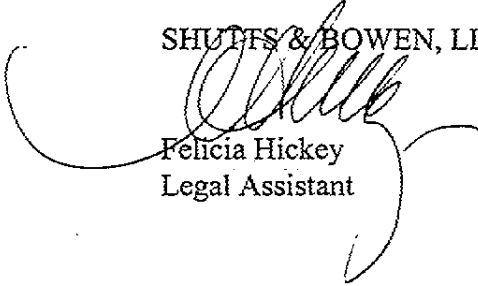
Enclosed please find two sets of Resignation of Registered Agent forms along with checks for the filing fees. Please arrange for the filing of these two sets of resignations on an expedited basis and return conformed copies in the envelope provided.

I have also enclosed several website printouts for companies that have an incorrect mailing and/or principal address. I request that each company have the address changed, as indicated.

Should you have any questions, please feel free to contact me at (305) 379-9168.

Very truly yours,

SHUTTS & BOWEN, LLP


Felicia Hickey
Legal Assistant

MIADOCS 563179.1 FAH

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CORPORATION COMPANY OF MIAMI
(Name of Registered Agent)

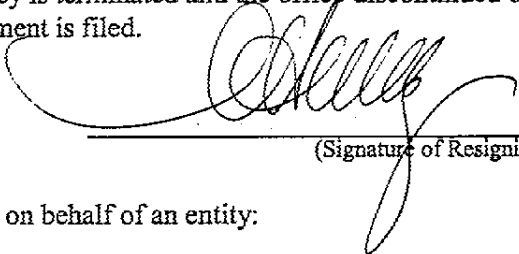
hereby resigns as Registered Agent for NO MAN EXCLUDED, L.L.C.
(Name of Corporation)

L99000005903

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

FELICIA HICKEY

(Typed or Printed Name)

ASSISTANT SECRETARY OF CORPORATION COMPANY OF MIAMI
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

FILED
DEC - 4 PM 6:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2002 UNIFORM BUSINESS REPORT (UBR)

02-04-2002 90002 012 ***50.00
L00000006156

DOCUMENT # L00000006156

1. Entity Name

CANTERBURY 2000 DEVELOPMENT, L.L.C.

FILED

02 DEC 11 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2500 WESTON ROAD
SUITE 103
WESTON FL 33331

Mailing Address

2500 WESTON ROAD
SUITE 103
WESTON FL 33331

2. Principal Place of Business

2500 Weston Rd
Suite, Apt. #, etc.
204

3. Mailing Address

PO Box 268270
Suite, Apt. #, etc.

City & State
Weston, FL

City & State
Weston FL

4. FEI Number

APPLIED FOR

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES, INC.
1290 WESTON ROAD
SUITE 300
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CANTERBURY 2000 MANAGEMENT, INC.
2500 WESTON ROAD SUITE 103
WESTON FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2800 Weston Rd Suite 204
Weston, FL 33331
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ignacio Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/24/02

Date

904-385-2560

Daytime Phone #

CR02083 (9/01)