

m000000002204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300056191993

06/28/05--01030--010 **25.00

RECEIVED
JUL 1 2005
11 00 00 AM
CLERK

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COURTNEY MEADOWS APARTMENT INVESTORS, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M00000002204

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:

Brenda Carter
(Name of Person)

National Corporate Research, Ltd.
(Name of Firm/Company)

615 South DuPont Highway
(Address)

Dover, DE 19901
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda Carter at (800) 483-1140
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RECEIVED
DIVISION OF STATE
CORPORATIONS
JUN 26 P 2 11

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,

NATIONAL CORPORATE RESEARCH, LTD., hereby resigns as
(Name of Registered Agent)

Registered Agent for COURTNEY MEADOWS APARTMENT INVESTORS, LLC

(Name of Limited Liability Company)

M00000002204

(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.

Wayne Rafanelli
(Signature of Resigning Agent)

If signing on behalf of an entity:

Wayne Rafanelli

(Typed or Printed Name)

Vice President

(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withdrawn limited liability company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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 20 10 21

NOV 20 2011