

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

MD1000000141

FILING COVER SHEET
ACCT. #FCA-14

FILED
2002 MAY 16 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT:

Ed Laey

DATE:

5/16/02

REF. #:

0589.6765

CORP. NAME:

Laurels Realty Owners LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

OTHER: Resignation of Agent

RECEIVED
02 MAY 16 PM 3:46
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 502360 FOR \$ 85.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

200005556262-1-1
-05/17/02--01017--003
*****85.00 *****85.00

COST LIMIT: \$

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING
☐ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

Examiner's Initials

C. Coulliette MAY 16 2002

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

FILED
2002 MAY 16 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CorpDirect Agents, Inc.

(Name of Registered Agent)

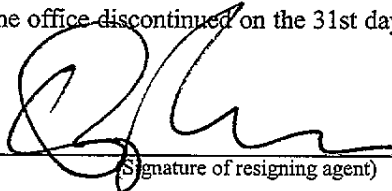
, hereby resigns as

Registered Agent for Laurels Realty Owners LLC

(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:

Kevin R. Roberts

(Typed or printed name)

President

(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