

MO2000000466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

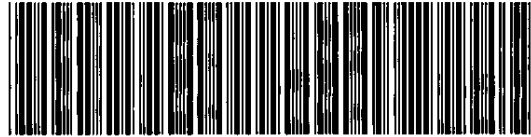
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/09--01045--005 **85.00

PA Resign

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 26 AM 11:35

2210 VANDERBILT BEACH ROAD
SUITE 1201
NAPLES, FLORIDA 34109
TEL: 239.649.5200
FAX: 239.649.8140
WWW.CCDLEGAL.COM



J. THOMAS CONROY, III
BOARD CERTIFIED REAL ESTATE LAWYER
KRISTIN M. CONROY
BOARD CERTIFIED REAL ESTATE LAWYER
MICHAEL A. DURANT
BOARD CERTIFIED REAL ESTATE LAWYER
JOSHUA D. RUDNICK

May 21, 2009

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

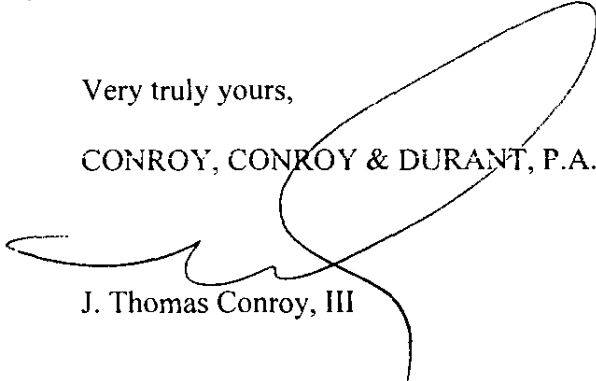
Re: Grand Isle FL Apartments, LLC
Document No. M02000000466

Dear Sir/Madam:

Enclosed for filing is the Resignation of Registered Agent for Limited Liability Company for the above-referenced company. Also, enclosed is Check No. 4609 in the amount of \$85.00, which represents the filing fee.

Very truly yours,

CONROY, CONROY & DURANT, P.A.

A large, stylized handwritten signature in black ink, appearing to be 'J. Thomas Conroy, III', is written over the typed name.

J. Thomas Conroy, III

Encls.

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 26 AM 11:35

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

J. Thomas Conroy, III

Name of Registered Agent

, hereby resigns as

Registered Agent for

Grand Isle FL Apartments, LLC

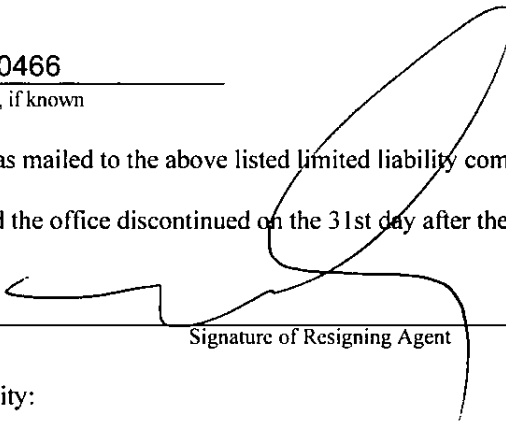
Name of Limited Liability Company

M02000000466

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:

Typed or Printed Name

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