

NO2000001196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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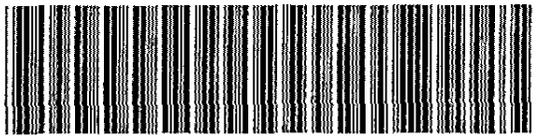
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

R.A. Resignation  
iFJ  
2-21-05

November 8, 2004

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

**RE: ATLANTIC COAST HOCKEY PARTNERS, INC.  
DUVAL COUNTY PROFESSIONAL HOCKEY CLUB, LLC**

Dear Sir:

Enclosed please find Transmittal Letters and Resignation of Registered Agent for a Corporation with regard to the above referenced corporations together with checks made payable to "Florida Department of State" in the amount of \$35.00 each for an administratively dissolved corporation. Please dissolve these corporations.

Thank you for your attention to this matter.

Sincerely,

David A. Waronker  
901 Begonia Road  
Celebration, Florida 34747



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 16, 2004

DAVID WARONKER  
901 BEGONIA ROAD  
CELEBRATION, FL 34747

SUBJECT: DUVAL COUNTY PROFESSIONAL HOCKEY CLUB, L.L.C.  
Ref. Number: M02000001196

We have received your document for DUVAL COUNTY PROFESSIONAL HOCKEY CLUB, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Document Specialist

Letter Number: 204A00070201

**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,

David Waronker, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Duval County Professional Hockey Club, LLC.  
(Name of Limited Liability Company)

MO2000001196  
(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]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

DAVID A. WARONKER  
(Typed or Printed Name)

PRES.  
(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**

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TALLAHASSEE, FLORIDA  
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