## 

(Requestor's Name)				
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400088696594

02/20/07--01006--010 \*\*87.50



Jes. of

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

DALM BEACH DARK CENTRE 611 C
SUBJECT: PALM BEACH PARK CENTRE 6 LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: M02000002998
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 (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limit liability company.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

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

			CiCa Ca Ma
Pursuant to the provisi	ons of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,	THE REST
National Corporate Research, Ltd., Inc.		, hereby resigns as	Total and
	(Name of Registered Agent)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHON THE
Registered Agent for _	PALM BEACH PARK CENTRE	E 6 LLC	Contract to
			O. T.
	(Name of Limited Liability Cor	npany)	,
M02000002998			
(Document Nu	mber, if known)		
A copy of this resignat	ion was mailed to the above listed lim	ited liability company at its last kn	own address.
The agency is terminat	ed and the office discontinued on the	31st day after the date on which thi	is statement is filed.
	Wayle Raffe (Signature of Resigning	Well . Agent)	
If signing on behalf of	an entity:		
	Wayne Rafanelli		
	(Typed or Printed Na	ame)	
	Vice President		
	(Capacity)		

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