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**EXAMINER** 

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: DR BOCA I, LLC	Liability Company)
DOCUMENT NUMBER: M0400000573	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	atter to the following:
CANDICE B. SWETLAND (Name of Person)	
INCORPORATING SERVICES, LTD. (Name of Firm/Company)	SECR TALLA
1540 GLENWAY DRIVE (Address)	TICO JUN IT A 10: 30 CRETARY OF STATE AHASSEE, FLORID
TALLAHASSEE, FL 32301 (City/State and Zip Code)	D 10: 30
For further information concerning this matter, plea	se call:
TUNISHA SCOTT at ( 3	Notes Telephone Number)
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively limited liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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,
INCORPORATING SERVICES, LTI	D. he	reby resigns as
(Name of Registered Age		, ,
Registered Agent for DR BOCA I, LLC		
(Name of Lin	nited Liability Company)	,
M0400000573		
(Document Number, if known)		
A copy of this resignation was mailed to the a	bove listed limited liability com	pany at its last known address.
The agency is terminated and the office discor	(Signature of Resigning Agent)	date on which this statement is filed.
If signing on behalf of an entity:		IAL SI
CANDICE B. SWI	ETLAND	ZBOB JUN 17 ECCRETARY LLAHASSER
(7	Typed or Printed Name)	TASS TO STANK
ASSISTANT SE		SE SE
	(Capacity)	TILED JUN 17 A 10 RETARY OF STA HASSEE, FLOR
		30 ID <sub>A</sub>
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability c	oluntarily dissolved/

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,
INCORPORATING SERVICES, LTD.  (Name of Registered Agent)	, hereby resigns as
Registered Agent for DR BOCA I, LLC	
(Name of Limited Liability Compa	any)
M0400000573	
(Document Number, if known)  A copy of this resignation was mailed to the above listed limited.  The agency is terminated and the office discontinued on the 31s  (Signature of Resignation)	day after the date on which this statement is filed
If signing on behalf of an entity:  CANDICE B. SWETLAND  (Typed or Printed Name  ASSISTANT SECRETARY  (Capacity)	FILED  RECRETARY OF STATE LLAHASSEE, FLORIDA

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

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company