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From:

Account Name : DLA PIPER US LLP-TAMPA

Account Number : 076424002364 Phone : (813)229-2111 Fax Number : (813)229-1447 SECURITIES OF STATES

ANACOCE ELOSINA

REGISTERED AGENT RESIGNATION

SOUTH BEACH HOTEL INVESTORS, L.L.C.

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## COVER LETTER

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TO: A

Amendment Section Division of Corporations

SUBJECT: South Beach Hotel Investors, L.L.C.

(Name of Limited Liability Company)

DOCUMENT NUMBER: M0400003363

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:

Andrew L. McIntosh

(Name of Person)

DLA Piper US LLP

(Name of Firm/Company)

101 E. Kennedy Blvd., Suite 2000

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Hutchcraft

at (813 ) 222-5987

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17 (08/05)

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## RESIGNATION OF REGISTERED AGENT FOR A LEMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the underligned,		
Andrew L. McIntosh hereby resigns as		
(Name of Registered Agent)  Registered Agent for South Beach Hotel Investors, L.L.C	) /'a	<del>,,</del>
(Name of Limited Liability Company)	<u>·</u>	,
M0400003363 (Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liability company at its last kee.  The agency is terminated and the office discontinued on the 31st day after the date on which the	,	
(Signature of Resigning Agent)  If signing on behalf of an entity:		
(Typed or Printed Name)		enfen
(Capacity)  FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved voluntarily dissolved withdrawn limited liability company	R-4 PN 4: 40	ILEO.
Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	,	

**s** 

TOTAL P.03

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