M0400003756

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



000210081640

07/20/11--01029--001 **100.00

SECRETARY OF STÂTE TALLAHASSEE, FLORID

T T

T. CLINE
JUL 2 1 2011
EXAMINER



111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

July 12, 2011

RE: ATWELL-HICKS, LLC (MI. DOM.)
COMMUNITY BANKERS SECURITIES, LLC (VA. DOM.)
FONTAINEBLEAU LAS VEGAS RETAIL PARENT, LLC
NOW & FOREVER FUNDING, LLC (NY. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is __1__ check in the amount of \$100.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure 011 JUL 20 AH 11: 28

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

Pursuant to the provis	ions of section 608.416(2)	or 608.509, Florida Statut	ies, the undersigned,			
C T CORPORATIO	N SYSTEM	, hereby resigns as				
	(Name of Registered Agent)	,	nervey resigne as			
Registered Agent for	ATWELL-HICKS, LLC	(MI. DOM.)				
	(Name of Limited	d Liability Company)				.5
M0400003756						
(Document No	umber, if known)	_				
A copy of this resigna	tion was mailed to the abov	ve listed limited liability o	ompany at its last knov	vn ado	dress.	
The agency is termina	ted and the office discontin	nued on the 31st day after	the date on which this	staten	nent is	s filed.
	SAG	20				
	(Signature	e of Resigning Agent)	AL	Z SE	107	
If signing on behalf of	f an entity:		L A H	- 68 - 68	2011 JUL 20	-17
	C T CORPORATION	SYSTEM - Theresa Alf	ieri Ar		5	Name of
	. • •	d or Printed Name) ANT SECRETARY	يد. ريا ديا	Yors	*	Parenty .
	(Capacity)	ORIDA	TATE	(S)	^B r esus h

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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