

MD 4000004119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

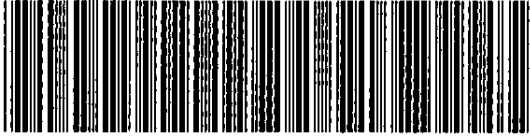
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600145913376

03/20/09--01027--007 \*\*85.00

FILED  
09 MAR 20 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA Resign  
Thurs  
3-25-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DYLAN INVESTMENT PROPERTIES, LLC, A DELAWARE LIMITED LIABILITY COMPANY  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** M04000004119

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:

SHARON COOKE

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO, CA 95816

(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON COOKE

(Name of Person)

at ( 888 ) 886-7166

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

**FILED**  
**09 MAR 20 PM 4:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned;  
PARACORP INCORPORATED, hereby resigns as  
(Name of Registered Agent)

Registered Agent for \_\_\_\_\_  
DYLAN INVESTMENT PROPERTIES, LLC, A DELAWARE LIMITED LIABILITY COMPANY  
(Name of Limited Liability Company)

M04000004119  
(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 of Resigning Agent)

If signing on behalf of an entity:

NINH HO  
(Typed or Printed Name)

ASST SECRETARY, PARACORP INCORPORATED  
(Capacity)

**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**