1404000004818

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	TIAW 🔲	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
		•
		4128
	Office Use Or	olv MIT



000071576130

DE APR 28 PM 3: 23

DIVISION OF CORPORATION

RECEIVED
06 APR 28 PM 2: 48

ACCOUNT	NO.	0721	00	00	00:	32

REFERENCE :

COST LIMIT

ORDER DATE: April 28, 2006

ORDER TIME : 12:02 PM

ORDER NO. : 071342-020

CUSTOMER NO: 81523A

R.A. RESIGNATION

NAME:

RMP AT EAST PASCO INVESTORS,

LLC

XX REGISTERED AGENT RESIGNATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS:

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) of 608.509, Fig.	ida Statutes, the undersigned,			
DECUBELLIS, M	EEKS & UNCAPHER, P.A.	, hereby resigns as			
	(Name of Registered Agent)				
Registered Agent for _	RMP AT EAST PASCO INVESTO	PRS, LLC		• • =	-
	(Name of Limited Liability Compar	у)		. ure	
M04000004818					
(Document Nu	mber, if known)		-		
A copy of this resignat	ion was mailed to the above listed limited	liability company at its last known	address.		
The agency is terminat	ed and the office discontinued on the 31st		atement is	filed. 06 APR 28	
If signing on behalf of an entity:		HASS BETAB	₹ 28	ĩ	
	Daniel L. DeCubellis			P.M.	*
	(Typed or Printed Name		~ ™ ~	_	
	President		골골	3: 23	
	(Capacity)		Sui	ယ်	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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