## M05000000548

(Re	equestor's Name)				
(Address)					
(Ad	idress)				
(Cit	ty/State/Zip/Phone	<del>•</del> #)			
PICK-UP	☐ WAIT	· MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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SECKETARY OF STATE

RA Pes.



June 25, 2007

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: ROYAL PALM JUNIOR INVESTORS, LLC

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience. Enclosed is check #13333 in the amount of \$85.00 for the filing fee. Once filed, please return the file-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Mary Ann Quick

**Enclosures** 

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ROYAL PALM JUNI	OR INVESTORS, LLC
(1	Name of Limited Liability Company)
DOCUMENT NUMBER: M0500	0000548
The enclosed Resignation of Registe for filing.	ered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence con	ncerning this matter to the following:
Rhonda Maybin (Name of Perso	
(Name of Perso	ж
Capitol Corporate Services, Inc.	
(Name of Firm/Con	mpany)
P.O. Box 1831	
(Address)	
Austin, TX 78767	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Rhonda Maybin	at ( 800 ) 345-4647 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to liability company or \$25.00 for an adliability company.	the Florida Department of State for \$85.00 for an active limited dministratively dissolved, voluntarily dissolved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee. FL 32399

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(	(2) or 608.509, Florida S	Statutes, the undersigned,	
CAPITOL CORPO	DRATE SERVICES	<u> </u>	, hereby resigns as	
Registered Agent for _	(Name of Registered Ages ROYAL PALM JUI	nt) NIOR INVESTORS,	, LLC	
<del></del>	(Name of Lim	nited Liability Company)		,
M05000000548				
(Document Nur	nber, if known)	<del></del> -		
A copy of this resignati	on was mailed to the a	bove listed limited liabi	lity company at its last know	m address.
The agency is terminate	ed and the office discor	ntinued on the 31st day	after the date on which this s	statement is filed.
	Chlen	LOVOUTO liture of Resigning Agent)		
If signing on behalf of a	an entity:		·	
	Cheryl Roberts		<del>-</del>	1 <sub>2</sub> 2
	(T President	'yped or Printed Name)	ָרָ בּי	FILE JUN 28
	FILING   \$85.00	(Capacity)  FEES: Active limited liability	y company olved/ voluntarily dissolved	PH 3 33 OF STATE E, FLORID
	\$ 25.00	withdrawn limited lia	orved/ voluntarily dissolved	u

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