## M05000001809

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. (Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Durings EntitleNess)
(Business Entity Name)
(Document Number)
• •
Certified Copies Certificates of Status
Consist Instructions to Filling Officers
Special Instructions to Filing Officer:
•



400155584444

resignation

05/08/09--01033--003 \*\*85.00

2009 MAY -8 PM 3: 59
SECRETARY OF STATE
TALL AHASSEE, FLORID!

RS1.4/09



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

May 4, 2009

RE: PARKING BUILDERS, LLC (OK. 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 checks in the amount of \$85.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure May 4, 2009

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C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Florida Statu	tes, the undersigned	TALL SECTION
C T CORPORATION SYSTEM		, hereby resigns as	1000 五
	(Name of Registered Agent)	, nereby resigns as	题 & M
Registered Agent for _	PARKING BUILDERS, LLC (OK. DOM.)		Service Part C
			E. S.
	(Name of Limited Liability Company)		
M05000001809			<i>}'</i>
(Document Nu	mber, if known)		
A copy of this resigna	tion was mailed to the above listed limited liability	company at its last k	known address.
The agency is termina	ted and the office discontinued on the 31st day after	r the date on which t	this statement is filed.
	(Signature of Resigning Agent)		
If signing on behalf of	an entity:		
	C T CORPORATION SYSTEM - Theresa Alt	fieri	
	(Typed or Printed Name) ASSISTANT SECRETARY		
	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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