Division of Corporations

Page 1 of 1

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6380

: NATIONAL REGISTERED AGENTS, INC. Account Name

Account Number : 12003000062 : (609)716-0300 Phone Fax Number 1 (609) 716-0820

REGISTERED AGENT RESIGNATION

BELAIRE AT BOCA LLC

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p. 2

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

NRAI SERVICES, INC.		hereby resigns as		
,	of Registered Ager	nt)		
Registered Agent for _BELA	IRE AT BOC	ALLC		
	(Name of Lim	ited Liability Company)		į
M05000004748 (Document Number, If to		<u></u>		
•				
A copy of this resignation was	mailed to the a	bove listed limited liability company at its last known a	iddress.	
The agency is terminated and t	the office discor	ntinued on the 31st day after the date on which this stat	ement is	filed.
•	4	<u></u>		
-	(Signe	stud of Resigning Agent)		
ee e. e		0		
If signing on behalf of an entity	•			0
Les	ille Lofton	Typed or Printed Name)	~9	321
Ass	sistant Secre	**	⋛	SE
		(Capacity)	 ن	SA
			3	200
•			ор Ф	POR
	FILING \$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/voluntarily dissolved/	07	ATIONS
		withdrawn limited liability company		
Ма	ke checks payab	ole to Florida Department of State and mail to: Division of Corporations		
		P.O. Box 6327 Tallahassee, FL 32314		
	CHr	90001611.323)		