M05000005/30

Ct Corp						
(Requestor's Name) III Eighth Aul						
(Address)						
Ny, Ny 10011						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						

Office Use Only



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05/11/11--01016--008 **125.00

11 MAY 18 AM 10: 47

T. HAMPTON

MAY 1 9 201!

EXAMINER

212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

May 6, 2011

RE: BURNT STORE EAST LLC. (DE.DOM)
CLC PARTNERS FLORIDA, LLC. (DE.DOM.)
C-TWO, LLC. (MO.DOM.)
HALCYON TECHNOLOGIES, LLC. (NH.DOM.)
HARBOR INSURANCE MANAGERS
OF FLORIDA, LLC. (FL.DOM)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>125.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2	2) or 60	8.509, Florida Statutes, the	undersigned,		
C T CORPORATION SYSTEM , hereby resigns as						
	(Name of Registered Agent)					
Registered Agent for	BURNT STORE EAS	T LLC.	(DE.DOM.)			
	(Name of Lim	ited Liab	ility Company)		,	
M050000	005130					
(Document Nu	ımber, if known)					
A copy of this resigna	tion was mailed to the ab	ove lis	ted limited liability company	at its last known ad	ldress.	
The agency is termina	ted and the office discon	tinued (on the 31st day after the date	on which this stater	ment is	filed.
	Thea	4				
	(Signa	ture of R	esigning Agent)			
If signing on behalf of	an entity:					
	C T CORPORATIO	N SYS	STEM - Theresa Alfieri			
	• •	•	rinted Name) SECRETARY	_		.
		(Capac	city)	_		N S
	FILING I \$ 85.00	FEES: Active	e limited liability company nistratively dissolved/volur		1 MAY 18 AM	ECRETARY OF SIA SION OF CORPORA
	\$ 25.00	Admii withd	nistratively dissolved/volur rawn limited liability comp	itarily dissolved/ any	AM IO:	OR A

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