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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (305)935-3500 Fax Number : (305)935-9042

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## LLC REGISTERED AGENT RESIGNATION PORTOFINO TAMPA INVESTMENTS, LLC

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G. MCLEOD

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 008.416(2) or 608.509, Florida Statutes, th	e undersigned,
LEOPOLD, K	(ORN & LEOPOLD, P.A., here	by resigns as
Nam	e of Registered Agent	, -
Registered Agent for	PORTOFINO TAMPA INVESTME	NTS, LLC
· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company	·
M05000005		
Document Number,	if known	
A copy of this resignation wa	s mailed to the above listed limited liability compa	ny at its last known address.
The agency is terminated and .	the office discontinued on the 31st day after the the 31st day afte	ate on which this statement is filed.
If signing on behalf of an enti	ty:	
	KAREN S. LEOPOLD	HAAA V
	Typed or Printed Name	-7 SSI
	PRESIDENT	
	Capacity	OF SIAT
		<b>2</b> m <b>€</b>

**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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
Taliahassee, FL 32314