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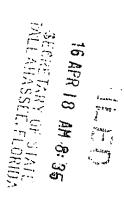
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COVER LETTER

TO: Registration Section Division of Corporations

_{SUBJECT:} 81H STREET MIAMI, L			
Name of Limited Liability	Company		
DOCUMENT NUMBER: M0500000344			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are su	ıbmit	ted
Please return all correspondence concerning this matter to th	e following:		
Bonnie Yerry			
Name of Person			
Corporation Service Company	mond The control		
Name of Firm/Company	台灣	16	
80 State street	22 35 Ex (17) 22 55	APR 18	
Address	\$5.25 \$5.25	8	22 22 22 22 24 24 24 24 24 24 24 24 24 2
Albany NY 12207		AM .8: 35	TOTAL TELE
City/State and Zip Code	FT なり (**) (**)	co ငတ	Tragat
byerry@cscinfo.com	10A	đn	
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Bonnie Yerry _{at (} 800	927-9801 63002		
Name of Person Area Code	Daytime Telephone Number		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida	Statutes, the undersigned,		
Corporation S	ervice Comany	hereby res	, hereby resigns as	
	Name of Registered Agent	,, ,	-B-10-40	
Registered Agent for _	8TH STREET MIAM	I, LLC		
	Name of Limited Liability	y Company		
M050000003	44			
Document 1	Number, if known			
_	ion was mailed to the above listered and the office discontinued or		.	
	Corporation Second	=	16 APR 18 ECRETARY LUAHASSE	
If signing on behalf of	an entity:	·	OF STATE EVELOWED	
	Typed or Prin	ted Name	ALC WIDA	
	Capacity			

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00