## M050005833

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	ИAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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DIVISION OF CONPURATIONS

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IN SEP 27 AM 9: 23
SECRETARY OF STATE

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,			
CORPDIRECT AGENTS, INC. , hereby resigns as			
Name of Registered Agent			
Registered Agent for			
PFEFFER RESORT PROPERTIES, LLC			
Name of Limited Liability Company			
M0500005833			
Document Number, if known			
A copy of this resignation was mailed to the above listed limited liability company at its last known add	ess.		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement of Resigning Agent	ent is	filed	•
If signing on behalf of an entity:		<b>≍</b> ∽	
MICHELE HOLDEN	V1.30	武   <b>2</b>	
Typed or Printed Name	: ≺	<b>-</b>	
ASSISTANT SECRETARY	⊋ :	2	Ш
Capacity S	STATE	9: 23	O

\*\*ELING 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)