## 1 06000001683

Ct Corp			
(Requestor's Name)  111 EighthAW			
NY, NY 10011			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
· (Document Number)			
.  Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
AN ANASSEE, FLORID.

J. BRYAN

MAY 1 9 2011

**EXAMINER** 

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

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida St	atutes, the undersigned,	
C T CORPORATION SYSTEM		, hereby resigns as	
	(Name of Registered Agent)	,	
Registered Agent for	LEHIGH ONE, LLC. (MN.DOM.)		
	(Name of Limited Liability Company)	,	
M06000	001683		
(Document No	imber, if known)		
•	tion was mailed to the above listed limited liabilited and the office discontinued on the 31st day at (Signature of Resigning Agent)		iled.
If signing on behalf of	an entity:	≥ SE	
	C T CORPORATION SYSTEM - Theresa	Alfieri ARE T	7
	(Typed or Printed Name) ASSISTANT SECRETARY	ARY ASSE	
	(Capacity)	AMIO: 17 OF STATE S. FLORIDA	, י

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withdrawn limited liability company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 Tallahassee, FL 32314