

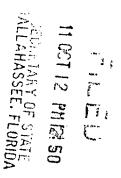
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D. BRUCE

OCT 13 2011

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: RP BALDWIN RESIL Name of Lin	DENTIAL HOLDINGS, LLC nited Liability Company	
DOCUMENT NUMBER:	M06000004395	· ——
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and for	ee are submitted
Please return all correspondence concerning this	s matter to the following:	
JODY MOUA		
Name of Person		
PARACORP INCORPORATED		
Name of Firm/Company		
P O BOX 160568 Address		11 C
		TIL CT 12 AHASSI
SACRAMENTO CA, 95816 City/State and Zip Code		<u> </u>
Only/olate and Zip Gode		
jmoua@parasec.com		ORIGINATION TO SERVICE OF THE SERVIC
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter,	please call:	
JODY MOUA at		
Name of Person	Area Code & Daytime Telephone Num	ber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

Amendment 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 provision	s of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	
	CORP INCORPORATED , hereby resigns as	
	Name of Registered Agent	
Registered Agent for	RP BALDWIN RESIDENTIAL HOLDINGS, LLC	
	Name of Limited Liability Company .	
M06000	0004395	
Document Nu	nber, if known	
A copy of this resignatio	n was mailed to the above listed limited liability company at its last known address.	
The agency is terminated	and the office discontinued on the 31st day after the date on which this statement is filed Signature of Resigning Agent	l.
If signing on behalf of ar	entity:	
	NINH HO	
	Typed or Printed Name	4
	Assistant Secretary, Paracorp Incorporated	ئ أ
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	G CALL
	Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327	

Tallahassee, FL 32314

INHS17 (08/05)