M06000006327

(Requestor's Name)	
(Address)	
•	
(Address)	
(City/State/Zip/Phone #)	
(,,,,-,,-,	
PICK-UP : WAIT MAIL	_
(Business Entity Name)	
(Document Number)	:
:	
Certified Copies Cont. Certificates of Status	1
	•
	٠
Special Instructions to Filing Officer:	

Office Use Only



600161265206

10/05/09--01014--022 **25.00

O9 OCT -5 AMII: 40
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

D. BRUCE
OCT 6 2009
EXAMINER

COVER LETTER

SUBJECT: TIC WATE	RMARK I	SLAM	ORAI	DA 10 LLC-			
Na	me of Limite	d Liabil	ty Com	pany			
DOCUMENT NUMBER:	N	<u>/10600</u>	00060)27			
The enclosed Resignation of Registere for filing.	d Agent for	a Limi	ed Liab	oility Company an	id fee are	e subr	nittec
Please return all correspondence conce	erning this n	natter to	the fol	lowing:			
Tami Gerardi							
Name of Person							
National Corporate Rese							
Name of Firm/Compa	any						
615 South DuPont High	ghway		_		AE	09	
Address					- ZZ	39	-17
Dover, DE 1990					TAR	09 OCT -5	random and the same of the sam
City/State and Zip Co	ode				ŭ, Y		m
tami@nationalcorp. E-mail address: (to be used for future an	com				TARY OF STATE ASSEE, FLORIDA	AH 11: 40	
E-mail address: (to be used for future an	nual report no	tification)			01	
For further information concerning thi	s matter, ple	ease call	:		>		
Wayne Rafanelli	at (800)	483 1140			
Name of Person		Area Co	de & Da	ytime Telephone N	umber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Amendment Section Division of Corporations

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 under	rsigned,							
National Corporate Research, Ltd., Inc. , hereby resigns as									
	Name of Registered Agent	5.15 40							
Registered Agent for	TIC WATERMARK ISLAMORADA 10	LLC							
	Name of Limited Liability Company								
M06000	006027								
Document Nur	nber, if known								
A copy of this resignation	n was mailed to the above listed limited liability company at it	ts last known addr	ess.						
The agency is terminated	and the office discontinued on the 31st day after the date on v	which this stateme	nt is filed.						
	Wayne Rangelli. Signature of Resigning Agent	·							
	/ Signature of Resigning Agent	Ev.	2						
If signing on behalf of an	entity:	A A	5 .~~						
	National Corporate Research, Ltd., Inc.	RETARY AHASSI							
	Typed or Printed Name	س التا حر							
	Wayne Rafanelli, Vice President	F 9 3							
	Capacity	HOT A							
		<u> </u>	-						

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

المساني م