M0600000 6701

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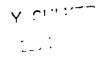
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COVER LETTER

Division of Corporations		
WEST MIRAMAR I, LLC		
Name of L.	imited Liabilit	y Company
DOCUMENT NUMBER: M06000006701		
The enclosed Resignation of Registered Agen for filing.	t for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerning the	his matter to t	he following:
Emily Smith		
Name of Person		_
Paracorp Incorporated		
Name of Firm/Company		-
PO Box 160568		
Address		.
Sacramento, CA 95816		
City/State and Zip Code		_
E-mail address: (to be used for future annual repo	ort notification)	-
For further information concerning this matter	r, please call:	
Emily Smith	800	533.7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the unders	signed,
Paracorp Incorpor	ated	hereby resigns as
Name of Registered Agent		nerecy rengits us
Registered Agent for _	WEST MIRAMAR I, LLC	······································
	Name of Limited Liability Company	·
M06000006701		
Document 8	Sumber, it known	
	ion was mailed to the above listed limited liability ced and the office discontinued on the 31st day after	the date on which the date on rise and the
	Signature of Resigning Agent	
If signing on behalf of	an entity;	
	Jody Moua	
	Typed or Printed Name	
	Assistant Secretary for Paracorp Incorpo	orated
	Canacity	

FILING FEES: \$ 85.00 Active \$ 25.00 Admir Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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