## M0700002349

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only

G. MCLEOD

DEC -6 2012

**EXAMINER** 



400242306544

12/05/12--01015--010 \*\*125.00



## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ions of section 608.416(2) or 608.509, Florida Sta	itules, the undersigned,
N SYSTEM	, hereby resigns as
(Name of Registered Agent)	_,,,
YES PALM BEACH, LLC (DE. DOM.)	
(Name of Limited Liability Company)	
ımber, if known)	
tion was mailed to the above listed limited liabilit	ty company at its last known address.
ted and the office discontinued on the 31st day af	fter the date on which this statement is filed
(Signature of Resigning Agent)	12 DEC
f an entity:	
C T CORPORATION SYSTEM - Theresa A	Alfieri
(Typed or Printed Name) ASSISTANT SECRETARY (Capacity)	AM II: 56
	N SYSTEM (Name of Registered Agent)  YES PALM BEACH, LLC (DE. DOM.)  (Name of Limited Liability Company)  Imber, if known)  tion was mailed to the above listed limited liability ted and the office discontinued on the 31st day affect (Signature of Regigning Agent)  f an entity:  C T CORPORATION SYSTEM - Theresa A (Typed or Printed Name)  ASSISTANT SECRETARY

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\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ons of section 608.416(2) or 608	.509, Florida Statutes, the	undersigned,	
C T CORPORATIO	N SYSTEM	, hereby	resigns as	
	(Name of Registered Agent)	,	<b>3</b>	
Registered Agent for	YES PALM BEACH, LLC (	DE. DOM.)	****	
				ı
	(Name of Limited Liabili	ty Company)		
M07000002349				
(Document No	ımber, if known)			
A copy of this resigna	tion was mailed to the above liste	d limited liability company	y at its last known address.	
The agency is termina	ted and the office discontinued or	n the 31st day after the date	e on which this statement is	filed.
•	Ma	D:		
	(Signature of Res	igning Agent)	_	
If signing on behalf of	an entity:	,	注 <b>7</b>	, 1
	C T CORPORATION SYST	EM - Theresa Alfieri		ر <u>ن ب</u> ست ر
	(Typed or Pri	•	i <u>≥</u>	3.4 H Ma
ASSISTANT SECRETA		ECRETARY	- SEE 5	<del></del>
	(Capacit	y)	AM II: OF STA	
	•		108 H	\$
			810 A	
	FILING FEES: \$ 85.00 Active \$ 25.00 Admini withdre	limited liability company istratively dissolved/volu awn limited liability comp	ntarily dissolved/ pany	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314