mo7000004779

(Re	equestor's Name)	
·	,	,
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status

Special Instructions to Filing Officer:

A. LUNT

JUL 28 2011

EXAMINER

Office Use Only



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SECKETARY OF STATE

בורת כי מורת כי

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Florida Statu	ites, the undersigned,	
C T CORPORATION	N SYSTEM	, hereby resigns as	
	(Name of Registered Agent)	, noted from the	
Registered Agent for _	COLLIER FLORIDA PROPERTIES, L.L.C. (N	4O. DOM.)	
	(Name of Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·	
M0700	0004779		
(Document Nu	mber, if known)		
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known address.	
The agency is terminat	ed and the office discontinued on the 31st day afte	the date on which this statement is for the date of the date o	
If signing on behalf of	an entity:	HAS HAS	77
	C T CORPORATION SYSTEM - Theresa Al	fieri SFX	
	(Typed or Printed Name) ASSISTANT SECRETARY	OF STA	ED
	(Capacity)		**

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withdrawn limited liability company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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Stat	utes, the undersigned,	
C T CORPORATIO	N SYSTEM	, hereby resigns as	
	(Name of Registered Agent)	_ , noted y resigne de	
Registered Agent for	COLLIER FLORIDA PROPERTIES, L.L.C. (MO. DOM.)	
	(Name of Limited Liability Company)	,	
M070	00004779		
(Document Nu	umber, if known)		
A copy of this resigna	tion was mailed to the above listed limited liability	company at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day after	er the date on which this statement is file	∍d.
	(Signature of Resigning Agent)	SEC TALL	
If signing on behalf of	an entity:	AH JU	n
	C T CORPORATION SYSTEM - Theresa A	JUL 27 AHASSE	=
	(Typed or Printed Name) ASSISTANT SECRETARY	OF S E. F.L.	Ī
	(Capacity)		

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