

#M09000003753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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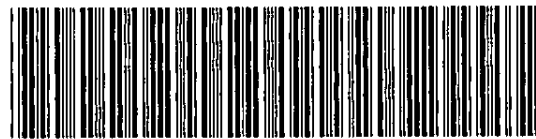
(Business Entity Name)

(Document Number)

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FILED
12 MAY 16 PM 2:45
U.S. DISTRICT COURT
SOUTHEAST DISTRICT
PALM BEACH, FLORIDA

K. SALLY
EXAMINER
MAY 17 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tisserie Miami Airport, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M09000003753

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mitchell A. Bierman, as ^{former} employer of John J. Kendrick III
Name of Person

Weiss Serota Helfman Pastoriza & Boniske, P.L.
Name of Firm/Company

2525 Ponce de Leon Blvd, Suite 700
Address

Coral Gables, FL 33134
City/State and Zip Code

mbierman@wsh-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell A. Bierman at (305) 854-0800
Name of Person Area Code & Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Mitchell A. Bierman, as former employee of John J. Kendrick, III, hereby resigns as
Name of Registered Agent

Registered Agent for Tisserie Miami Airport, LLC

Name of Limited Liability Company

M09000003753

Document Number, if known

A copy of this resignation 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.

MAB

Signature of Resigning Agent

If signing on behalf of an entity:

Weiss Serota Helfman Pastorek Cole & Benisek, P.L.

Typed or Printed Name

Owner/Member

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

FILED
12 MAY 16 PM 2:46
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA