Division of Corporations **Electronic Filing Cover Sheet**

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From:

Account Name

: INCORPORATING SERVICES FL Account Number : I20050000052

Phone

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er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT RESIGNATION COSY OCEAN 4 HOME, LLC

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3/12/2012

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 17201 COLLINS AVENUE, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: M11000000061
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:
TUNISHA SCOTT
(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
3500 S DUPONT HWY
(Address)
DOVER, DELAWARE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
TUNISHA SCOTT at (302) 531-0855 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

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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, INCORPORATING SERVICES, LTD. , hereby resigns as (Name of Registered Agent) Registered Agent for __17201 COLLINS AVENUE, LLC (Name of Limited Liability Company) M11000000061 (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. If signing on behalf of an entity: CANDICE B. SWETLAND (Typed or Printed Name) ASSISTANT SECRETARY (Capacity)

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