

M960000000186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100161827831

10/19/09--01044--005 \*\*85.00

RA Resub

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 19 AM 10:41

Roberts OCT 21 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALHAMBRA CIRCLE PROPERTIES, L.L.C.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M96000000186

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:

MAGGIE HOPE  
Name of Person

HIQ CORPORATE SERVICES, INC.  
Name of Firm/Company

715 SAINT PAUL STREET  
Address

BALTIMORE, MD 21202  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGGIE HOPE at ( 410 ) 7528030  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 19 AM 10:41

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

HIQ CORPORATE SERVICES, INC., hereby resigns as

Name of Registered Agent

Registered Agent for ALHAMBRA CIRCLE PROPERTIES, L.L.C.

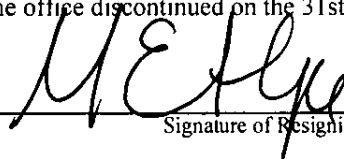
Name of Limited Liability Company

M96000000186

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.



Signature of Resigning Agent

If signing on behalf of an entity:

MAGGIE HOPE

Typed or Printed Name

ASSISTANT SECRETARY

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**