## M990000058

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## TRANSMITTAL LETTER

<b>FO:</b> Amendment Section Division of Corporations		-
SUBJECT: HAPI MANAGEMI	ENT LLC	
	(Name of Limited Liability	Company)
DOCUMENT NUMBER: M99	000000058	
The enclosed Resignation of Registor filing.	stered Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence c	oncerning this matter to th	ne following:
Brenda Carter		
(Name of Pe	rson)	· ·
	***	
National Corporate Research,	5	
(Name of Firm/C	Company)	
615 South DuPont Highway		
(Address	)	·
Dover, DE 19901		
(City/State and Z	in Code)	r tent a
` •	•	
For further information concerning	g this matter, please call:	
Brenda Carter	at ( 800	483-1140
(Name of Person)	(Area Code	) 483-1140 e & Daytime Telephone Number)
Enclosed is a check made payable iability company or \$25.00 for an iability company.	to the Florida Department administratively dissolved	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	

pNHS17(11/02)

TO:

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florid	la Statutes, the undersigned,	. 0
NATIONAL COR	PORATE RESEARCH, LTD.	, hereby resigns as	POR Y
	(Name of Registered Agent)	, hereby resigns as	
Registered Agent for	HAPI MANAGEMENT LLC		- 32 3
	(Name of Limited Liability Company)		10 P. C. C. C.
M99000000058			RIE
(Document Nu	umber, if known)	· <del>-</del> .	
A copy of this resigna	tion was mailed to the above listed limited lia	ability company at its last kn	own address.
The agency is termina	ted and the office discontinued on the 31st da	ay after the date on which th	is statement is filed.
	Wayne Rafau (Signature of Resigning Agent)	ell.	
If signing on behalf of	an entity:		
	Wayne Rafanelli		
	(Typed or Printed Name)		•
	Vice President	·	
	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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