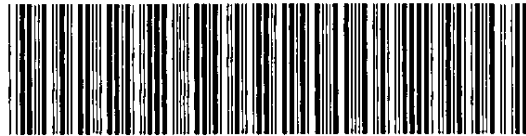


LOYOU0081076



200130170562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAY 30 2008
EXAMINER

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 586663 7337398
AUTHORIZATION :
COST LIMIT : \$ 25

[Handwritten Signature]

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ORDER DATE : May 28, 2008
ORDER TIME : 9:33 AM
ORDER NO. : 586663-010
CUSTOMER NO: 7337398

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DOMESTIC AMENDMENT FILING

NAME: 712 LLC

EFFECTIVE DATE:

- RESIGNATION
- RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2008

HARRY DAVIS
CSC
TALLAHASSEE, FL

SUBJECT: 712 LLC
Ref. Number: L04000081076

RESUBMIT
Please give original
submission date as file date.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 712 LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The MANAGER RESIGNATION and the R.A. RESIGNATION must be filed on separate forms. The filing fee for each is \$25.00.

We are attaching our own resignation forms, which you may want to use.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

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TALLAHASSEE, FLORIDA

Buck Kohr
Regulatory Specialist II

Letter Number: 908A00033648

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,
Patrice E. Robinet, hereby resigns as
(Name of Registered Agent)

Registered Agent for 712 LLC
(Name of Limited Liability Company)

L04000081076
(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:

(Typed or Printed Name)

(Capacity)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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