

From: PHOENIX LAW PARTNERS 239 461 0083 01/31/2008 13:06 #021 001/003  
Division of Corporations  
Page 1 of 1  
**L04000050631**  
(((H0800026734 3)))

Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION**

**CRISTAL CLEAR COMPANIES, LLC**

Certificate of Status	0
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Estimated Charge	\$87.50

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239 461 0083

01/31/2008 13:04

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cristal Clear Companies, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000050631

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:

Holly Bower  
(Name of Person)

Phoenix Law  
(Name of Firm/Company)

12800 University Drive, Suite 260  
(Address)

Fort Myers, FL 33907  
(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Bower at ( 239 ) 461-0101  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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,

Holly A. Bower, Esq., hereby resigns as  
(Name of Registered Agent)

Registered Agent for Cristal Clear Companies, LLC  
(Name of Limited Liability Company)

L04000050631  
(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.

Holly Bower  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)  
\_\_\_\_\_  
(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