Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052

Phone : (302)531-0855

Fax Number

: (866)223-0765

REGISTERED AGENT RESIGNATION



FAYBERN LIGHT LLC

	<u> </u>
Certificate of Status	0
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Corporate Filing Menu

Mar. 2. 2009 11:33AM

Incorporating Services, LTD.

No. 6202 P. 2

COVER LETTER

H09000042765 3

TO: Amendment Section Division of Corporations

SUBJECT: FAYBERN LIGHT LLC		
(Name of Limited Liab	ility Company)	
DOCUMENT NUMBER: L04000071356	•	
The enclosed Resignation of Registered Agent for a Limfor filing.	nited Liability Company and fee ar	e submitted
Please return all correspondence concerning this matter	to the following:	
TUNISHA SCOTT		
(Name of Person)		
INCORPORATING SERVICES, LTD.	<u>_</u>	
(Name of Firm/Company)		
3500 S. DUPONT HWY		200 17A1
(Address)	•	
DOVER, DE 19901		ZIOO HAR - SECRETA TALLAHAS
(City/State and Zip Code)		SST 2
For further information concerning this matter, please of	ป 1:	
TUNISHA SCOTT at (302 (Area of Person)	531.0855 Code & Daytime Telephone Number)	S [ATE S [ATE S [ATE
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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Mar. 2. 2009 11:33AM

Incorporating Services, LTD.

No. 6202 P. 3

109000042765 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Prinsular to the provisions of section 606.416(2) or 606.509, Fior	ing Signifes, the respectibilities,
INCORPORATING SERVICES, LTD.	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for FAYBERN LIGHT LLC	
(Name of Limited Liability Compan	יע
L04000071356	
(Document Number, if known)	2
A copy of this resignation was mailed to the above listed limited	liability company at its last known address. day after the date on which this statement is filed.
The agency is terminated and the office discontinued on the Hist Color (Signature of Resigning	ARY OF AR
If signing on behalf of an entity:	B: A
CANDICE B. SWETLAND	<u>D</u> m v
(Typed or Primed 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