

L05000036966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

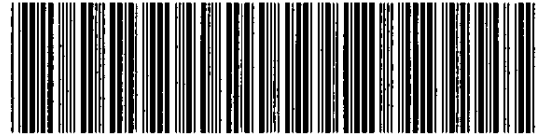
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300135054143

09/08/08--01022--025 \*\*85.00

FILED  
2008 SEP -8 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Trews  
9-17-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 3629 WEST ISB, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L05000036966

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:

SALVATORE M. SAMMARO  
(Name of Person)

3629 WEST ISB, LLC  
(Name of Firm/Company)

15 LAUREL RIDGE BREAK  
(Address)

ORMOND BEACH, FL 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

SALVATORE M. SAMMARO at ( 386 ) 253-3623  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

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

**J. DOYLE TUMBLESON**

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **3629 WEST ISB, LLC**

(Name of Limited Liability Company)

**L05000036966**

(Document Number, if known)

2008 SEP -8 AM 11:43  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

**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**