## L06000030302

(Requestor's Name)	_
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	J
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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

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ACCOUNT NO. : 072100000032			
REFERENCE : 934519 160476A			
AUTHORIZATION: Spelbelenan			
COST LIMIT : \$ 85.00			
ORDER DATE: March 22, 2006			
ORDER TIME : 11:45 AM			
ORDER NO. : 934519-015			
CUSTOMER NO: 160476A			
RESIGNATION OF AGENT  NAME: 104 SSH, LLC			
XX RESIGNATION OF AGENT FOR AN LLC			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY			
XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Kathy Drake-EXT#2959			
EXAMINER'S INITIALS:			

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608	3.416(2) or 608.509, Florida Statutes, the undersigned,	
Corporation Service Company	, hereby resigns as	
(Name of Registere		2
Registered Agent for104 SSH, LLC		
(Name	of Limited Liability Company)	12 PM
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(Document Number, if known)	<del>Ž</del> r	4 =
A copy of this resignation was mailed to	the above listed limited liability company at its last known address	s.
The agency is terminated and the office of	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:		
<u>Cym</u>	(Typed or Printed Name)  Cynthia L. Harris  as Capacing ent	

**FILING FEES:** \$ 85.00 Active \$ 25.00 Admi 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withdrawn limited liability company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