

LD7000/06630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

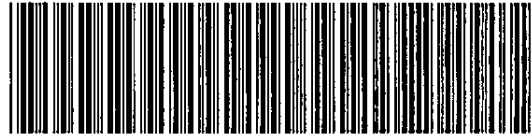
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Trevor's  
1-25-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Flowers at your Door, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000106630

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:

Monica Pardo  
Name of Person

Flowers at your Door  
Name of Firm/Company

532 Luenga Ave. E  
Address

Coral Gables, FL 33146  
City/State and Zip Code

info@flowersatyourdoor.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA PARDO at (786) 252-8963  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Annette Dobrinsky, hereby resigns as  
Name of Registered Agent

Registered Agent for Flowers at your Door, LLC  
Name of Limited Liability Company

L07000106630  
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.

Annette Dobrinsky  
Signature of Resigning Agent

If signing on behalf of an entity:

Monica Pardo  
Typed or Printed Name  
MGRM  
Capacity

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SECRETARY OF STATE  
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