

LO8 0000 97614

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Chandler R. Finley, Esq.\*  
Stefania Bologna, Esq.\*

Admitted To Practice: Florida Bar ♦ US Federal Court for the Southern District of Florida\*  
Member of American Immigration Lawyers Association\* ♦ American Bar Association\*  
National Italian American Bar Association ♦ International Bar Association\*

EM384010039US

October 8, 2009

Via U.S. Express Mail

Florida Department of State  
Amendment Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Pentotal, LLC (L08000097614)

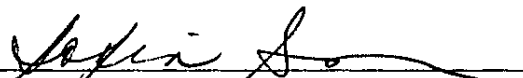
Dear Sir or Madam:

Enclosed herewith please find our firm's check in the amount of \$85.00 in order to file the attached Resignation of Registered Agent for a Limited Liability Company.

Should you have any questions concerning this filing please do not hesitate to contact our office at (305) 379-7676.

Sincerely yours,

FINLEY & BOLOGNA INTERNATIONAL

  
Sofia Smith, Paralegal

REPLY TO:  Americas Center  
150 S.E. 2nd Avenue Suite 1010  
Miami, FL 33131  
Ph 305-379-7676  
Fax 305-379-2321

Mellon United National Bank Bldg.  
1645 Palm Beach Lakes Blvd. Suite 460  
West Palm Beach, FL 33401  
Ph 561-478-9930  
Fax 561-478-9945

Atrium Financial Center  
1515 N. Federal Hwy. Suite 300  
Boca Raton, FL 33432  
Ph 561-478-9930  
Fax 561-478-9945

**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,

Stefania Bologna, Esq., hereby resigns as  
Name of Registered Agent

Registered Agent for Pentotal, LLC  
Name of Limited Liability Company

L08000097614  
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.

  
Signature of Resigning Agent

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 OCT - 8 PM 3:10

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**