

L09000115144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

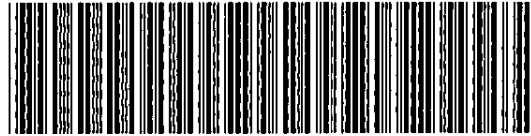
(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
OFFICE OF SECRETARIES
TALLAHASSEE, FLORIDA

RECEIVED
12 FEB 27 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 27 AM 11:11

FILED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 02/24/2012

NAME: 4005, LLC

TYPE OF FILING: REGISTERED AGENT RESIGNATION

COST: 25.00

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attodge

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,

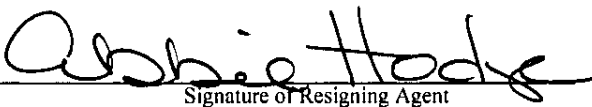
FLORIDA FILING & SEARCH SERVICES, INC, hereby resigns as
Name of Registered Agent

Registered Agent for 4005, LLC
Name of Limited Liability Company

L09000115144
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

If signing on behalf of an entity:

ABBIE P HODGE
Typed or Printed Name
VICE PRESIDENT
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withdrawn limited liability company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

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TALLAHASSEE, FLORIDA