19900007910

(Requestor's Name)				
(Address)				
(Address)				
. (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(D.,,,,,,,,,,)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700082474407

12/26/06--01004--001 **25.00

OFFICE OFFICE ORIDAY

OG DEC 22 AM 10: 32

TRANSMITTAL LETTER

TO: Amendment Section	3
Division of Corporations	مر لا من
	花
TO: Amendment Section Division of Corporations SUBJECT: MAYLEUR, LLC (Name of Limited Liability Company)	6
SUBJECT: NAYLEUR, LLC (Name of Limited Liability Company)	્ર છે.
(Name of Emilied Elability Company)	P. C.
DOCUMENT NUMBER: L99000007910	200
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.	ted
Please return all correspondence concerning this matter to the following:	
MELISSA A. MURRY	
(Name of Person)	
INCORPORATING SERVICES, LTD.	
(Name of Firm/Company)	
1540 GLENWAY DR	
(Address)	
TALLAHASSEE, FL 32301	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MELISSA A. MURRY at () 656-7956	
(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\$85.00 for an active limite liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn liability company.	d mited

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

INHS17(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A LIMITED CLIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,	SEE OF BE
INCORPORATIN	IG SERVICES, LTD.	, hereby resigns as	5.5
	(Name of Registered Agent)	, notosy toeigns de	April 1
Registered Agent for	MAYLEUR, LLC		7 .
	(Name of Limited Liability Co	mpany)	,
L99000007910			
(Document No	umber, if known)		
-	tion was mailed to the above listed lime ted and the office discontinued on the	• •	
If signing on behalf of	Muse A. N (Signature of Resigning	g gent)	
<i>G G</i>	MELISSA A. MURRY		
		Inma)	
	(Typed or Printed N ASSISTANT SECRETARY	anc)	
	(Capacity)		

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314