

M0200000/589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

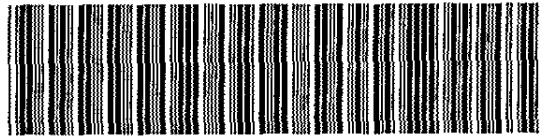
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400023253024

11/05/03--01042--015 \*\*35.00

RECEIVED  
03 NOV -5 PM 2:53  
STATE  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FLORIDA

\*K00789, 00524, 00500, 00501

FILED  
03 NOV -5 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 5, 2003

CorpDirect Agents, Inc.  
103 N. Meridian St.  
Lower Level  
Tallahassee, FL 32301

SUBJECT: DESIGN DISTRICT LLC  
Ref. Number: M02000001589

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

We have received your document for DESIGN DISTRICT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is for a corporation's registered agent to resign. You are registered as a limited liability. I have enclosed the correct form for you to fill out and return to us.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 603A00060440

RECEIVED  
NOV - 6 AM 11:15  
Please refund \$10 overage -

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103-N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ED

DATE: 11-05-03

REF. #: 0589.20909

CORP. NAME: DESIGN DISTRICT LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION           | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                       | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION               | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                       | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION         |   |  |
| <input checked="" type="checkbox"/> OTHER: AGENT RESIGNATION |   |  |

STATE FEES PREPAID WITH CHECK# 506669 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

FILED

PH 3 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

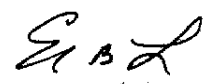
CorpDirect Agents, Inc., hereby resigns as  
(Name of Registered Agent)

Registered Agent for Design District LLC  
(Name of Limited Liability Company)

M02000001589  
(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:

Ed Lary  
(Typed or Printed Name)

Assistant Secretary  
(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