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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: EXECUTIVE ASSET MANAGEMENT, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: M05000005991	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Florence Spelzhausen	
Name of Person	
National Corporate Research, Ltd.	್. ಶ್ವ ಾ
Name of Firm/Company	Court C
615 S. Dupont Hwy	美拉馬 里
Address	See The
Dover, DE 19901	
City/State and Zip Code	39 # 39
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Florence Spelzhausen at (Name of Person Area Code	621-3524 Daytime Telephone Number
Name of reison 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\$85.00 for an active limited liability company or \$25:00 for an administratively dissolved, voluntarily dissolved or withdrawn limited is liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the unde	ersigned,
National Corpora	te Research, Ltd.	, hereby resigns as
	Name of Registered Agent	, nervey realging the
Registered Agent for	EXECUTIVE ASSET MANAGEMENT, L	LC
	Name of Limited Liability Company	•
M05000005991		
Document	Number, if known	
	ation was mailed to the above listed limited liability ated and the office discontinued on the 31st day after	r the date on which this statement is filed
	An	一
	Signature of Resigning Agent	
If signing on behalf of	f an entity:	11, 11
	Florence Spelzhausen	1 36
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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