## L0200000 3821

(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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U2/28/84--01040--029 \*\*85.00



## CAPITAL CONNECTION, INC.

 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE POWER OF THE PARTY OF THE P 11514 Andy Rosse Art of Inc. File\_\_\_\_\_ LTD Partnership File\_\_\_\_\_ Foreign Corp. File\_\_\_\_\_ L.C. File \_ \_ \_ \_ \_ \_ Fictitious Name File\_\_\_\_\_ Trade/Service Mark\_\_\_\_\_\_ Merger File\_\_\_\_\_ Art. of Amend. File\_\_\_\_\_ RA Resignation\_\_\_\_\_ Dissolution / Withdrawal\_\_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_ Cert. Copy\_\_\_\_\_ Photo Copy\_\_\_\_\_ Certificate of Good Standing Certificate of Status\_\_\_\_\_ Certificate of Fictitious Name\_\_\_\_\_ Corp Record Search\_\_\_\_\_ Officer Search \_ \_\_\_\_ Fictitious Search Fictitious Owner Search\_\_\_\_\_ Signature Vehicle Search Driving Record\_\_\_\_\_ Requested by: UCC 1 or 3 File\_\_\_\_\_ UCC 11 Search\_\_\_\_\_ Date Time Name UCC 11 Retrieval\_\_\_\_\_ Will Pick Up Walk-In Courier\_\_\_\_\_

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	Charles A
	Capital Connection, Inc. , hereby resigns as	College 7
	(Name of Registered Agent),	•
Registered Agent for	(Name of Registered Agent), 1/5/14 Andy Rosse lane, L.L.C.	<u>,</u>
5 5		
	(Name of Limited Liability Company)	
	· · · ·	

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:

Weimar Lopez for Capital Connection. Inc.
(Typed or printed name)

Registered Agent Coordinator
(Capacity)

FILING FEES:

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

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