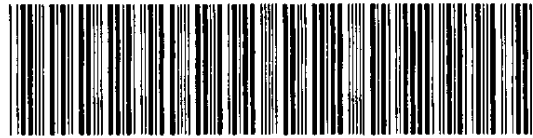


L010000010692



400160930034

*Resignation  
to RA*

09/23/09--01022--016 \*\*140.00

*2500*

RECEIVED  
09 SEP 23 AM 11:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2009 SEP 23 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*APR  
9/23/09*

(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

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 2 L HOLDINGS, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time 2.00       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

### NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

### OTHER FILINGS

- Annual Report
- Fictitious Name

### AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

### REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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

**FILED**  
2009 SEP 23 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**VALENTIN LOPEZ**  
Name of Registered Agent

, hereby resigns as

Registered Agent for **2 L HOLDINGS, LLC**

Name of Limited Liability Company

**L01000010692**

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.

*Valentin Lopez*  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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