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(Re	equestor's Name)	
.(Ac	ldress)	·
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SECRETARY OF STATE
VALLAHASSEF, FIRE

AI



CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

September 5, 2007

RE: OLYMPIA-SUNFLAIR, L.L.C.

(FL. DOM.)

SUMMIT FURNITURE, LLC.

(FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of 50.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure RPP

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

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Florida Sta	tutes, the undersigned,	
C T CORPORATION SYSTEM		, hereby resigns as	
	(Name of Registered Agent)		
Registered Agent for _	OLYMPIA-SUNFLAIR, L.L.C. (FL. DOM.)	
	(Name of Limited Liability Company)	,	
L0000000	4407		
(Document Nu	mber, if known)		
	tion was mailed to the above listed limited liability and the office discontinued on the 31st day aft (Signature of Resigning Agent)	er the date on which this statement is filed	
If signing on behalf of	an entity: C T CORPORATION SYSTEM - Theresa A	2001 SEP 12 SECRETARY I	
	(Typed or Printed Name) ASSISTANT SECRETARY	2 D	
	(Capacity)	I: 06 ORIDA	

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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