

L00000012484

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Rosa Wong, Paralegal
Account Name : AKERMAN SENTERFITT (MIAMI)
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

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LLC REGISTERED AGENT RESIGNATION
CGI L.L.C.

Certificate of Status	0
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A. LUNT

OCT 21 2010

EXAMINER

dm: 301101128110

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

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

Akerman, Senterfitt & Eidson, P.A. dba Akerman Senterfitt, hereby resigns as
Name of Registered AgentRegistered Agent for CGI L.L.C.

Name of Limited Liability Company

L00000012484

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:

Robert A. Zinn

Typed or Printed Name

President

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)

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