L01000006839

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
V	Office Use Only	f



300078363123



OG AUG 14 PH 3:52 SECRETARY OF STATE ALLAHASSEE, FI OBJE

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 N. DUVAL STREET, TALLAHASSEE, FL 32303 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08-11-06

NAME:

FADAC, LLC

TYPE OF FILING: REGISTERED AGENT RESIGNATION

COST:

25.0V

RETURN:

PLAIN COPY PLEASE

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 6	08.509, Florida Statı	ites, the undersigned,	POR BY
FLORIDA FILING & SEARCH SERVICES, INC.			, hereby resigns as	
(Name of Registered Agent)		, nereby resigns as	333	
Registered Agent for FADAC, LLC			(1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
				A PAR
	(Name of Limited Lia	bility Company)	· - · · · · · · · · · · · · · · · · · ·	
L01000006839		1 Novem		
(Document Nur	nber, if known)) ' <u>`</u>	
,,,	on was mailed to the above li	-	•	
	alobie V	Resigning Agent)		
If signing on behalf of	an entity:			-
	ABBIE P. HODGE	4		••
	(Typed or VICE PRESIDENT	Printed Name)		,
	(Capa	ecity)	-	

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withdrawn limited liability company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