## L01000016554

(Requ	uestor's Name)				
(Addı	ress)				
(Addi	ress)				
(City/	State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL			
(Busi	ness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Fi	iling Officer:				
		ALT			

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12/08/06--01043--001 \*\*25.00



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

December 1, 2006

RE: THE ENTERPRISE GROUP, L.L.C. (FL..DOM.)

Department of State Division of Corporations Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount of \$ <u>25.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address enveloped

Very truly yours,

C T CORPORATION SYSTEM

Thoresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2) or 608.509, Flor	rida Statutes, the under	signed,	
C T CORPORATION SYSTEM		, hereby resigns as		
	(Name of Registered Agent)			
Registered Agent for	THE ENTERPRISE GROUP, L.L.C.	(FL. DOM.)		
	(Name of Limited Liability Compan	у)		
L01000016554		Y.		
(Document Nu	umber, if known)			
A copy of this resigna	tion was mailed to the above listed limited	liability company at its	s last known address.	
The agency is termina	ted and the office discontinued on the 31st	day after the date on v	which this statement is filed.	
	(Signature of Resigning Age	<del>mt)</del>	FILL 700b DEC -8 SECRETARY	
If signing on behalf of	an entity:		SEI 8	
	C T CORPORATION SYSTEM - Th	eresa Alfieri	T D	
	(Typed or Printed Name) ASSISTANT SECRETA		P 2: 31 OF STATE	
	(Capacity)			

**FILING FEES:** \$ 85.00 Activ \$ 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withdrawn limited liability company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 Taliahassee, FL 32314

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C T CORPORATION SYSTEM		, hereby res	, hereby resigns as		
	(Name of Registered Agent)	, <b>,</b>	3		
Registered Agent for	THE ENTERPRISE GROUP, L.L.C.	(FL. DOM.)			
	(Name of Limited Liability Company	y)		,	
L01000016554					
(Document No	umber, if known)				
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If signing on behalf of	(Signature of Resigning Age f an entity:  C T CORPORATION SYSTEM - The	•	7001 DEC -8 SECRETARY ALLAHASSE		
	(Typed or Printed Name) ASSISTANT SECRETA		P 2: OF STA		
	. (Capacity)		21		

FILING FEES:

\$ 85.00 Active limited liability company
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