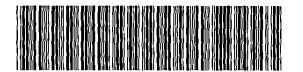
## L01000019420

(Requestor's Name)		
(Address)		
(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:		
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G. Coulliste DEC 0 9 2005

Incorporating Services, Ltd Meli-	issa A. Murry
Requester's Name	
2855 Apalachee Pkwy., Bldg.	A, Suite 16
Address	
Tallahassee, FL 32301 65	66-7956
City/State/Zip Phone	÷#
	<b>}</b> .
	Office Use Only
CORPORATION NAME(S) & DOC	TUMENT NUMBER(S), (if known):
, FURLA SOUTH RETAIL, LLC - LO	01000019420
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
·	
3(Corporation Name)	(Document #)
(Curporation Name)	(Decument #)
4. (Corporation Name)	(Document #)
	,
✓ Walk in ✓ Pick up time	12/09 Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	
Not for Profit	Amendment  ✓ Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication Other	Dissolution/Withdrawal
Outer	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement Trademark
	Other
CR2E031(7/97)	Examiner's Initials

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2) or 608.509, Flo	rida Statutes, the undersigned,
INCORPORATING SERVICES, LTD.		, hereby resigns as
	(Name of Registered Agent)	
Registered Agent for	FURLA SOUTH RETAIL, LLC	
· <u></u>	(Name of Limited Liability Compa	ny)
L01000019420		
(Document No	umber, if known)	
A copy of this resigna	tion was mailed to the above listed limited	d liability company at its last known address.
The agency is termina	tted and the office discontinued on the 31s	
If signing on behalf of	f an entity:	2000 1
	GLENDA K. HALLETT	2005 DEC
	(Typed or Printed Name ASSISTANT SECRETARY	FILED 7-9 AP SSEE, FI
	(Capacity)	FLORIDA

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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