

L01 000002020E

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

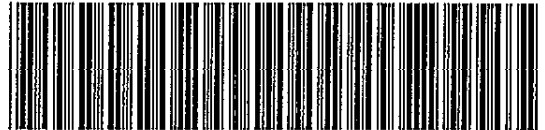
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900023842219

10/16/03--01038--018 \*\*175.00

FILED  
03 OCT 16 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA <sup>sf</sup> Res.  
10/27/03

**CFRA, LLC**  
**Registered Agent Services**  
**A Subsidiary of Carlton Fields**

ONE HARBOUR PLACE, 5<sup>TH</sup> FLOOR  
777 S. HARBOUR ISLAND BOULEVARD  
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:  
P. O. BOX 3239  
TAMPA, FLORIDA 33601-3239  
TEL (813) 223-7000 FAX (813) 229-4133

October 10, 2003


Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Resignations of Registered Agent

Gentlemen:

Please find enclosed resignation of registered agent forms for Communications Link, LLC, DVD Burner, LLC, New Concept, LLC, Revolution Media, LLC, The Original Tiki Hut, Trax, LLC, and Triden, LLC. Also enclosed is Carlton Fields' Check No. 326765 in the amount of \$175.00 for the filing fee.

Very truly yours,

  
Joyce F. Bentubo  
Administrative Assistant

jfb  
Enclosures

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

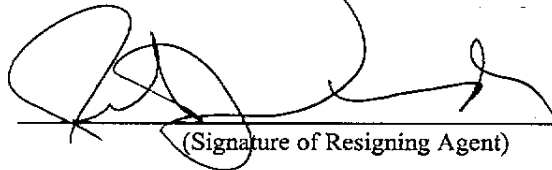
Pursuant to the provisions of sections 608.416(2) or 608.509, Florida Statutes, the undersigned,

CFRA, LLC hereby resigns as  
(Name of registered agent)

Registered Agent for THE ORIGINAL TIKI HUT COMPANY, LLC  
(Name of Limited Liability Company)

A copy of this resignation was mailed to the above listed corporation 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:

Peter J. Winders  
(Typed or Printed Name)  
Vice President  
(Capacity)

FILED  
03 OCT 16 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **FILING FEES::**

\$85.00 Active Limited Liability Company  
\$25.00 Dissolved 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(10/99)