## L02000004493

(Rec	uestor's Name)	
(Add	iress)	
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PICK-UP	WAIT	MAIL
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(Doc	ument Number)	
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SECKE VESSES FI ORIDA

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	as	
SUBJECT: House of Thaila		
	(Name of Limited Liability	y Company)
DOCUMENT NUMBER: LO	2000004493	
The enclosed Resignation of Refor filing.	egistered Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence	e concerning this matter to t	he following:
Doerga, Turhane		
(Name of	Person)	_
Florida Grains, Inc.		
(Name of Firm	n/Company)	<del>-</del>
7014 SW 46 Street		
(Addre	ess)	
Miami, Florida 33155		
(City/State and	Zip Code)	<del>-</del>
For further information concerni	ing this matter, please call:	
Doerga, Turhane	at ( 305	) 910 3928 e & Daytime Telephone Number)
(Name of Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed is a check made payabl liability company or \$25.00 for a liability company.	e to the Florida Department n administratively dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	ıs

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) of	or 608.5 <mark>09, Flori</mark> o	la Statutes, the	undersigned,	,		
Stroot, Bram G			, hereby resigns as				
	(Name of Registered Agent)	<del></del>			, 7		
Registered Agent for	House of Thailand LL	.c					
	(Name of Limited	Liability Company)	<del> </del>				
L02000004493							
(Document N	umber, if known)	T4 "1 ;=.		. *•			
A copy of this resigna	tion was mailed to the abov	e listed limited li	ability company	y at its last k	nown address.		
The agency is termina	nted and the office discontin	ued on the 31st d	lay after the date	e on which t	his statement is filed		
	Signature	of Resigning Agent	)		\ <u>\</u>		
If signing on behalf or	signing on behalf of an entity:	97 f					
				AH			
	(Туре	d or Printed Name)	<u> </u>	A A	FILE FILE		
	((	Capacity)	<del> </del>		ILED		
				-			

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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