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25,00

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: C.E. FRANKLIN AND COMPANY, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L02000004777
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARY F. FENDLE, PARALEGAL
(Name of Person)
DEAN MEAD
(Name of Firm/Company)
P. O. BOX 2346
(Address)
ORLANDO, FL 32802-2346
(City/State and Zip Code)
For further information concerning this matter, please call:
MARY F. FENDLE at (407) 428-5119 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416	(2) or 608.509, Florida Stat	tutes, the undersigned,			
DEAN MEAD SEF	, hereby resigns as					
	(Name of Registered Age		-, •			
Registered Agent for	E. FRANKLIN AND COMPANY, LLC					
		- 18 · · · · · · · · · · · · · · · · · ·		3		
	(Name of Lin	nited Liability Company)				
L02000004777						
(Document Nun	nber, if known)					
A copy of this resignation	on was mailed to the a	bove listed limited liability	company at its last kno	wn addre	ess.	
The agency is terminate	ed and the office discor	ntinued on the 31st day after	er the date on which this	s stateme	nt is fi	led.
		4-1				
		Non to	<u> </u>			
	(Signa	dure of Resigning Agent)				
If signing on behalf of a	an entity:					
	STEVEN C. LEE, ESQ.					
	VICE PRESIDE	yped or Printed Name) NT				
		(Capacity)			-	
					051	
				, , , , , , , , , , , , , , , , , , ,	05 MAR	Į.
	FILING \$ 85.00	FEES: Active limited liability of	ompany	::	<u> </u>	
	\$ 25.00	Active limited liability of Administratively dissolv withdrawn limited liabi	red/voluntarily dissolve	ed/,	2	1 4 1
		William millod flavi	my company	<u>, 23</u>		S. Sarrage
				<u> </u>		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314