## L02000010209

		<u> </u>		
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
·	•			
	ty/State/Zip/Phone	· #\		
(Cit	.y/3tate/2ip/Filone	<del>= #</del> )		
PICK-UP	WAIT	MAIL		
	siness Entity Nan	no)		
(Du	isiness Endry Man	(ie)		
(Document Number)				
Certified Copies	Certified Copies Certificates of Status			
	Fir Off			
Special Instructions to	Filing Officer:	{		
		Ì		
<u> </u>				
Į				
		ļ		





700065347817

02/10/06--01070--008 \*\*85.00

resignation

o RA

FILED

SECRETARY OF STATE

MILATIAN SEED FLOORING

BOR

RA-Resign

G. Coulliste FEB 1 0 2006

Greenberg Traurig, P.A.		
Requester's Name		
Allera		
Address		
City/State/Zip Phone #		
Please call June at 222-6891 whe Thank you!	en ready.	
	Office Use Only	
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	
1. SFD @ Hollyw (Corporation Name)	Dood LLC (Document #)	<del></del>
2. (Corporation Name)		<del>-</del>
(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	
₩alk in Pick up time PL	S Call Certified Copy	<i>t</i>
Mail out Will wait	Photocopy Certificate of S	Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger	temped
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	

CR2E031(7/97)

Examiner's Initials



February 13, 2006

**GREENBERG TRAURIG** 

TALLAHASSEE, FL

SUBJECT: SFD @ HOLLYWOOD, LLC

Ref. Number: L02000010209

We have received your document for SFD @ HOLLYWOOD, LLC and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Resigning agent must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 606A00010232

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SFD @ HOLLYWOOD, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L02000010209
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:
Pedro A. Martin (Name of Person)
Greenberg Traurig, P.A.
(Name of Firm/Company)
1221 Brickell Avenue
(Address)
Miami, FL 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
Pedro A. Martin  at ( 305 ) 579-0545  (Name of Person) (Area Code & Daytime Telephone Number)
(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 Statutes, the undersi	gned,
Pedro A. Martin	, hereby resigns	: 20
	(Name of Registered Agent)	, (13)
Registered Agent for _		
SFD @ HOLLYW	OOD, LLC	
	(Name of Limited Liability Company)	<u> </u>
L02000010209		
(Document Nur	nber, if known)	
	ion was mailed to the above listed limited liability company at its l	
The agency is terminate	ed and the office discontinued on the 3 lst day after the date on who (Signafure of Resigning Agent)	SECTION SECTIO
If signing on behalf of an entity:		AND THE
	Pedro A. Martin	SEE - LE
	(Typed or Printed Name) Registered Agent	FSTA FLOR
	(Capacity)	

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