## L0200010496

(Requestor's Name)
(Address)
(0.43
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Endly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;
<u></u>

Office Use Only



800041554488

10/06/04--01014--020 \*\*160.00

PILEU

2004 OCT -6 PM 3: 48

PYLEN SECRET FI ORIDA

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations							
SUBJECT: DIXIE PORK LLC							
(Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
James W. Weiss (Name of Person)							
4841 State Road 13							
Jacksonville, FL 322 59							
(Address)							
(City/State and Zip Code)							
(4.7, 4.10)							
For further information concerning this matter, please call:							
James W. Weiss at 964, 477-2435							
(Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}							

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2)	) or 608.509,	Florida Statute	es, the undersign	od,	2. 1
JONATH		2000		hereby resigns as	V 3	
Registered Agent for	DEXEE	PARK	LLC			80 TO
	(Name of Limit	ed Liability Cor	mpany)	<u> </u>	<u>.</u> ,	- 10 S
LOZOOODIO (Document Number		<u></u>				
A copy of this resignation	was mailed to the abo	ove listed Im	ited liability o	ompany at its las	t known addres	SS.
The agency is terminated a	nd the office discont	11/2	<u>)                                    </u>	the date on which	h this statemen	t is filed.
If signing on behalf of an e	ntity	DEXTE oed or Printed N	PARK	LLC	·	
-	<del> </del>	(Capacity)				

Active limited liability company
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withdrawn limited liability company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