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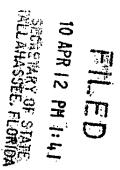
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D. BRUCE

APR 13 2010

EXAMINER

COVER LETTER

4,

Division of Corporations
SUBJECT: LOXORY Make of Limited Liability Company /
DOCUMENT NUMBER: LOZOOO 10995
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:
GREG Whoble Name of Person
SEA TRAJUNG C. Name of Firm/Company
6278 N Federal Happy #639
F+ Lawes Zell Fc, 33308 City/State and Zip Code City/State and Zip Code To The Table To The Ta
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GREG Whole at (914) 401 2808 Name of Person at (914) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the recor	•
	lity company was organized under the laws of:	
	ment/registration number of this limited liability co	ompany is:
4. I, <u>G</u> E Print No.	TRAJUST IOC, hereby resign as ame of Person Resigning)	a MGRM (Print Title)
of this limited liab resignation in wri	vility company and affirm the limited liability company.	any has been notified of my
Signature of Rest	gring Member, Managing Member or Manager	TO APR I
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	LED 2 M I H