

LO2000026285

(Requestor's Name)

**BANK SERVICES
OF AMERICA, INC.**
371 RIVER EDGE ROAD • P.O. BOX 8200
JUPITER, FL 33468-8200

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

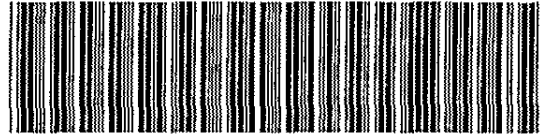
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 25, 2003

BANK SERVICES OF AMERICA, INC.
P.O. BOX 8200
JUPITER, FL 33468-8200

SUBJECT: C.A.M. WHOLESale, LLC
Ref. Number: L02000026285

*5/5/03
CORRECT
COPY ATTACHED
RM*

We have received your document for C.A.M. WHOLESale, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 803A00025140

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DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

DONALD R. YOUNG

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

C. A. M. WHOLESALE, LLC

(Name of Limited Liability Company)

LO2000026285

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

DONALD R. YOUNG

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAY -9 PM 4:17

FILED

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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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