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COVER LETTER

To: Amendment Section Division of Corporations		
SUBJECT: C. Lambdin, LLC		
(Name of Limited	Liability Company)	
DOCUMENT NUMBER: L0300000199		
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this ma	itter to the following:	
Carlos Montero		
(Name of Person)		
(Name of Firm/Company)		
138 NW 106th St		
(Address)		
Miami Shores, FL 33150		
(City/State and Zip Code)		
For further information concerning this matter, plea	se call:	
Carlos Montero at (S	755-4400 Area Code & Daytime Telephone Number)	
(Name of Person) (A	area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively limited liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.	.416(2) or 608.509, Florida Statutes, the	e undersigned,
Jay Feldman	, hereb	by resigns as
(Name of Registere		,
Registered Agent for C. Lambdir	n, LLC	
	A11 2 11 122 A	
(Name	of Limited Liability Company)	
L0300000199		
(Document Number, if known)		
A copy of this resignation was mailed to	the above listed limited liability compa	ny at its last known address.
The agency is terminated and the office d	discontinued on the 31st day after the da	te on which this statement is filed.
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		1-3
	(Typed or Printed Name)	- PM P.
	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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