## L03000026959

2004 NOV 29 P, 4: 02 DECRETARY OF STATE TALL AHASSEE, FLORIDA (Requestor's Name) (Address) 300042715393 (Address) (City/State/Zip/Phone #) 11/29/04--01052--017 \*\*50.00 PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status Special Instructions to Filing Officer:

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED. LED LIABILITY COMPANY

2004 NOV 29 P 4: 02

Pursuant to the provision	ons of section 608.416(2) or 608.5	509, Florida S	tatutes, the undersign	SECRETARY OF STAT.	Ę
RONALD	BIEDNAREK		, hereby resigns a		}
,	(Name of Registered Agent)				
Registered Agent for _	RAHAN LL	<u>.c</u>			_
	(Name of Limited Liability	y Company)	<del></del>		
L03000	26959				
(Document Nur	nber, if known)				
-	on was mailed to the above listed and the office discontinued on		•		
The agency is terminau	and the office discontinued on	the 315t day a	inci the date on which	n uns statement is incu.	
·	(Signature of Resig	gning Agent)			
If signing on behalf of					
	KNALD BEN	NAREX			
· · · · · · · · · · · · · · · · · · ·	KONALO BED (Typed or Print	ted Name)			
	(Capacity)		•	a e	-

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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