

05/15/2008 11:27

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CORPDIRECT AGENTS

PAGE 01/01

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# L030000036645

Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

**PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.**  
(5/12/08)

## REGISTERED AGENT RESIGNATION

6090 TERRY ROAD LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/15/2008 11:27

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CORPDIRECT AGENTS

PAGE 02/03

07/14/2008 10:24

PAGE 001/001

Florida Dept of State



May 14, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

6090 TERRY ROAD LLC  
ATTN: SCOTT HERRICK  
2700 SOUTH NELSON STREET  
ARLINGTON, VA 22206

SUBJECT: 6090 TERRY ROAD LLC  
REF: L03000036645

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records reflect the name of the registered agent as Corporate Service Bureau Inc.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: H08000127074  
Letter Number: 408A00030711

RECEIVED  
2008 MAY 15 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H08000127074 3)))

**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,  
**CORPORATE SERVICE BUREAU INC.**

\_\_\_\_\_  
(Name of Registered Agent)

, hereby resigns as

Registered Agent for **6090 TERRY ROAD LLC**

\_\_\_\_\_  
(Name of Limited Liability Company)

**L03000036645**

\_\_\_\_\_  
(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:

**SCOTT J. SCHUSTER**

\_\_\_\_\_  
(Typed or Printed Name)

**President**

\_\_\_\_\_  
(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

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FILED  
08 MAY 15 PM 2:24  
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TALLAHASSEE, FLORIDA