L03000050855

(Requestor's	Name)
(Address)	
	;
(Address)	· · · · · · · · · · · · · · · · · · ·
(riduloss)	
	* . ID:
(City/State/Z	ip/Phone #)
PICK-UP W	VALT DAMAIL
LI FICK-OF	MAIL
(Business Er	ntity Name)
; ;	•
(Document N	lumber)
Certified Copies Cé	rtificates of Status
Special Instructions to Filing Offi	icer:
:	
;	
:	

Office Use Only



200063889102

01/18/06--01033--020 **87.50



RA Res.

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Brilar, LLC (Name of Corporation)		
DOCUMENT NUMBER: LO 3 0 000 50855		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jashna Entin (Name of Person)		
Rosen Swittes Cabrera + Entin P.L. (Name of Firm/Company)		
407 Lincoln Road Penthense SE (Address)		
Miami Beach, FL 33/39 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Joshua Entin at (305) 534-4757 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.		
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Toshua Enth (Name of Registered Agent)
hereby resigns as Registered Agent for Brilar, LLC (Name of Corporation)
L 0 3 0000 50 855 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.
75 8 -
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314