

(Re	equestor's Name)	
(Ad	idress)	
·		
(Ac	ldress)	
	101 1 17: 101	(0)
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
•		
(Bu	ısiness Entity Nan	ne)
-		
· (Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	•	,
	·	
		ľ





12/27/06--01024--018 **35.00

2006 DEC 27 PH 12: 04
SECRETARY OF STATE



NEW YORK, NY

ALBANY, NY

LOS ANGELES, CA

SACRAMENTO, CÁ

OVER. DE

December 21, 2006

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Resignation of Registered Agent

Dear Sir/Madam:

Please be advised that National Corporate Research, Ltd. hereby resigns as registered agent for CAMADAN LLC (I.D.# L03000056910). Attached is our check in the amount of \$35.00 in payment of the filing fee.

If you have any questions or problems regarding this request, do not he sitate to contact this office.

Sincerely,

Mary Fink Registered Agent Specialist National Corporate Research, Ltd.

MEF

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: CAMADAN LLC			
	(Name of Limited Liabili	ty Company)	
DOCUMENT NUMBER: L030	00056910		
The enclosed Resignation of Regis for filing.	tered Agent for a Limit	ed Liability Company and fee are su	ubmitted
Please return all correspondence co	oncerning this matter to	the following:	
Mary Fink			131
(Name of Per	son)		8
National Corporate Research,	LTD., Inc.	AHAS	2006 DEC 27 PM 12: 04
(Name of Firm/Co	ompany)	- vs.	
615 S. DuPont Highway		ARY UF STAN	PH 12:
(Address)			유 은
Dover, DE 19901		35.	•
(City/State and Zi	p Code)	•••	
For further information concerning	this matter, please call		
Mary Fink	at (483-1140 x 3017 de & Daytime Telephone Number)	
(Name of Person)	(Area Co	de & Daytime Telephone Number)	
Enclosed is a check made payable t liability company or \$25.00 for an a liability company.	o the Florida Departme administratively dissolv	nt of State for \$85.00 for an active ed, voluntarily dissolved or withdra	limited awn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporati 409 E. Gaines Street Tallahassee, FL 3239		

. INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Statutes, the	undersigned,
National Corpora	ite Research, LTD., Jnc.	y resigns as
	(Name of Registered Agent)	5
Registered Agent for	CAMADAN LLC	
	(Name of Limited Liability Company)	<u></u>
L03000056910		
(Document Nu	umber, if known)	
A copy of this resigna	tion was mailed to the above listed limited liability comparited and the office discontinued on the 31st day after the dat	y at its last known address.
The agency is termina	ted and the office discontinued on the 31st day after the dat	e on which this statement is filed.
	(Signature of Resigning Agent)	ETARY HASSE
If signing on behalf of	an entity:	70 6
	Wayne Rafanelli	PHIZ: OH OF STATE OF STATE
	(Typed or Printed Name) VP-National Corporate Research, LTD.,	· · · · · · · · · · · · · · · · · · ·
	(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