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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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K.SALY EXAMINER FEB 22 2012

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| | Office Use Only |
| CORPORATION NAME(S) & DOCUMENT NU | JMBER(S), (if known): |
| 1 | |
| (Corporation Name) | (Document #) |
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| 3. (Corporation Name) | (Document #) |
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| (Corporation Name) | (Document #) |
| Walk in Pick up time | Certified Copy |
| Mail out Will wait Pho | tocopy |
| Profit | mendment esignation of R.A., Officer/Director nange of Registered Agent issolution/Withdrawal erger |
| OTHER FILINGS REGIS | STRATION/QUALIFICATION |
| Fictitious Name Li Re Tr | oreign mited Partnership einstatement rademark ther |
| | Examiner's Initials |

CR2E031(7/97)

COVER LETTER

| SUBJECT: | Hammersmith, LLC Name of Limited Liability Compa | nny | |
|---|--|---|--|
| DOCUMENT NUMBER: | , , , | | |
| The enclosed Resignation of Regifor filing. | istered Agent for a Limited Liabi | lity Company and fee are submitted | |
| Please return all correspondence of | concerning this matter to the follo | owing: | |
| Garvin B. Bo Name of Per | owden | | |
| Gardner, Bist, Wi | | | |
| 1300 Thomaswo | | | |
| Tallahassee, Flor City/State and Z | rida 32308 Cip Code | | |
| garvin@gbwle E-mail address: (to be used for futt | gal.com ure annual report notification) | | |
| For further information concerning | g this matter, please call: | | |
| Garvin B. Bowden Name of Person | at (<u>850</u>) Area Code & Day | 385-0070 time Telephone Number | |
| Enclosed is a check made payable liability company or \$25.00 for ar limited liability company. | e to the Florida Department of Standard administratively dissolved, volu | ate for \$85.00 for an active limited intarily dissolved or withdrawn | |
| MAILING ADDRESS: | STREET AD | DRESS: | |

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis | ions of section 608.416(2) or 608.509, F | lorida Statutes, the undersigned, | • |
|-------------------------|---|---------------------------------------|-------------------------|
| | Garvin B. Bowden | , hereby resigns as | 10 to |
| | Name of Registered Agent | ,,, | Fig. 63 T |
| Registered Agent for | Hamm | ersmith, LLC | 2 |
| | Name of Limited Liability Com | nany | |
| | Traine of Emilion Emerity Conf. | , , , , , , , , , , , , , , , , , , , | 58 |
| L040 | 00005555 | | 1 |
| Document l | Number, if known | | • |
| A copy of this resigna | tion was mailed to the above listed limit | ed liability company at its last k | nown address. |
| The agency is termina | ted and the office discontinued on the 3 | | nis statement is filed. |
| If signing on behalf of | an entity) | | |
| | Typed or Printed Nan | ne | |
| | 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