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(R	lequestor's Name)	
(A	ddress)	
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V	,	
(C	ity/State/Zip/Phone	e #)
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(B	Business Entity Nan	ne)
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B. BOSTICK

FEB 2 4 2011

EXAMINER

COVER LETTER

SUBJECT: ON THE MAP	RK PF	ROMC Liabilit)TIC y Co	ONS, LLC	
DOCUMENT NUMBER:	<u>L(</u>	04000	005	5596	
The enclosed Resignation of Registered Age for filing.	nt for a	a Limite	ed Li	iability Company and	fee are submitted
Please return all correspondence concerning	this ma	atter to	the f	following:	
Jillian Marschke Name of Person					
Business Filings Incorporate Name of Firm/Company	d		_		
8040 Excelsior Drive Suite 20	00		→		
Madison, WI 53717					MF SEGR TALLA
City/State and Zip Code					SS N
agent@bizfilings.com E-mail address: (to be used for future annual rep	port noti	fication)	-		
For further information concerning this matter	er, plea	ase call:			12: L
Jillian Marschke Name of Person	_ at (800	_)_ e &	981-7183 Daytime Telephone Nun	nber

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

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 provision	ns of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
Busir	ness Filings Incorporated , hereby resigns as Name of Registered Agent
Registered Agent for	
	Name of Limited Liability Company
	0005596 unber, if known
	on was mailed to the above listed limited liability company at its last known address.
The agency is terminated	d and the office discontinued on the 31st day after the date on which this statement is filed.
	Brandshutter Signature of Resigning Agent
If signing on behalf of a	n entity:
	Brenna Lutter Typed or Printed Name
	Asst Secretary Business Filings Incorporated Capacity 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	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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