L04000018826

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<u> </u>
(Cit	y/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	





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SEGRE WAY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER NOV _ 5 2010

COVER LETTER

SUBJECT: Brander, LLC. Name of Limited Liability Company			
DOCUMENT NUMBER: LO4000 18826			
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	d fee ar	e subm	iitted
Please return all correspondence concerning this matter to the following:			
Name of Person			
Name of Firm/Company 994 White Pond Road Address	SEGRETAI	2010 NOV -4	71
Dam Ascus, GA. 39841 City/State and Zip Code	RY OF STATE SEE, FLORIDA		
E-mail address: (to be used for future annual report notification)	•		
For further information concerning this matter, please call:			
Name of Person at (813) 610-4887 Area Code & Daytime Telephone N	umber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions	s of section 60	8.416(2)	or 608.509	, Florida S	tatutes, the	undersigne	d,		
<u> </u>	Ner Q.	Do	wdg		, hereby	resigns as			
Registered Agent for			, <u> </u>	· 					
	Name	of Limite	d Liability Co	ompany			<u></u>	,	
L 04 000 0 Document Num									
A copy of this resignation	n was mailed to	the abo	ove listed lin	nited liabil	ity company	y at its last	known ade	dress.	
The agency is terminated	and the office	disconti	nued on the	31st day a	fler the date	e on which	this staten	nent is t	filed.
	,	ښس	ي كسيا	بسط	щ				٠.
		S	Signature of R	esigning Age					
If signing on behalf of an	entity:				_		SE	2010	•
		Тур	ed or Printed 1	Name	·		RE TAI	2010 NOV -4	7
			Capacity				RY OF STATE SEE, FLORIDA	4 AM ID: 16	
							AGE 311	6	
	FII \$ 2 \$ 2:	FING FI	Active limi Administra	ted liabilit tively disso limited lia	y company olved/ volu bility comp	ntarily diss pany	olved/		

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