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2006 JAN II PMI2: 30 SECRETARY OF STATE

104-31053

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: TURBODE	Name of Limited Liability Company)
DOCUMENT NUMBER:	
The enclosed Resignation of Regist for filing.	tered Agent for a Limited Liability Company and fee are submitted
•	ncerning this matter to the following:
Joe Rossi (Name of Per	son)
N/A (Name of Firm/Co	ompany)
732 May fait (Address)	15.
Orlando FL City/State and Zi	32803 p Code)
For further information concerning	this matter, please call:
Joe Ress; (Name of Person)	this matter, please call: at (407) 230-2809 (Area Code & Daytime Telephone Number (5)) o the Florida Department of State for \$85.00 for an active limited administratively discolved, voluntarily discolved or with the property of the pro
Enclosed is a check made payable thiability company or \$25.00 for an aliability company.	o the Florida Department of State for \$85.00 for an active limited administratively dissolved, voluntarily dissolved or withdrawn funited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee EL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provision	s of section 608.416(2	2) or 608.509, Flo	rida Statutes, tl	ne undersigned,			
Joseph	L. Ros	55; nt)	, here	by resigns as			
Registered Agent for							
	(Name of Lim	ited Liability Compar	ny)			,	
LOL10000	3(053						
(Document Numb						_	
A copy of this resignation	n was mailed to the ab	bove listed limited	liability comp	any at its last kr	10wn add	iress.	
The agency is terminated	(///	ntinued on the 31s		late on which th	iis staten		iled.
If signing on behalf of an	i entity:				CRETAR)	2006 JAN 1	4 <u>1</u>
	(T	yped or Printed Name)		RY OF S	PM	
		(Capacity)			STATE	PM 12: 30	ह _{्यूक} र्ह

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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