## L040000 44956

(Requestor's Name)			
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SECHETARY OF STATE
TALLAHASSEE

RA. Resign.

C. Coulliette AUG 2 2 2006

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BANG IMPORTERS, LLC		
SUBJECT: (Name of Limited Liability Company)		
DOCUMENT NUMBER: L04000044956		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Loan B. Kennedy, Esq.		
(Name of Person)		
Davis & Kennedy, P.A.		
(Name of Firm/Company)		
100 Technology Park, Suite 170		
(Address)		
Lake Mary, FL 32746		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Loan B. Kennedy at (407) 805-0075 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.		

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	on 608.416(2) or 608.509, Florida	Statutes, the undersigned,	
Loan B. Kennedy, Esq.		, hereby resigns as	
(Name of R	egistered Agent)	, ,	
Registered Agent for			
Bang Importers, LLC			
	(Name of Limited Liability Company)		
L04000044956			
(Document Number, if known	n)		
A copy of this resignation was ma	iled to the above listed limited lial	bility company at its last known address.	
The agency is terminated and the	office discontinued on the 31st day	y after the date on which this statement is filed.	
	POX		
	(Signature of Resigning Agent)		
If signing on behalf of an entity:		As ~	
		006, ECH LA	
<u></u>	(Typed or Printed Name)	SECRETARY CALLAHASSEE	
		SSE SE	
	(Capacity)		
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		AN 8: 40  FSTATE FLORIDA	
	FILING FEES:		
	\$ 85.00 Active limited liabi \$ 25.00 Administratively di withdrawn limited	lity company ssolved/ voluntarily dissolved/ liability company	

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