## 0000050269

| (Re                     | questor's Name)   |             |  |  |
|-------------------------|-------------------|-------------|--|--|
| (Ad                     | dress)            |             |  |  |
| (Ad                     | dress)            |             |  |  |
| (Cit                    | y/State/Zip/Phone | #)          |  |  |
| PICK-UP                 | WAIT              | MAIL        |  |  |
| (Bu                     | siness Entity Nam | e)          |  |  |
| (Document Number)       |                   |             |  |  |
| Certified Copies        | Certificates      | of Status   |  |  |
| Special Instructions to | •                 |             |  |  |
| 214                     | RIA R             | $\emptyset$ |  |  |
|                         |                   |             |  |  |
| 64-                     | -5026             | 9           |  |  |

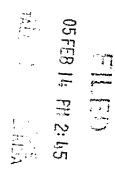
Office Use Only



100045851951

02/17/05--01006--001 \*\*50.00

Mall .



## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: IMAGO, UC (Name of Limited Liability Company)  |
| DOCUMENT NUMBER: L 040000 50 269  |
| 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:   |
| MARK E. BAKER (Name of Person)  |
| TMAGO, UC (Name of Firm/Company)  |
| 914 N. PALAFOX ST (Address)   |
| Pensauch FL 32501 (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| MARK E. BAKER at (850) 433-4115 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399  |

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions                              | of section 608.416              | (2) or 608.509, Florida  | Statutes, the undersig                                      | ned,             |              |
|---|---------------------------------|--|---|------------------|--------------|
| Colleen C.  | MIRAND                          | 4  | , hereby resigns  | as               |              |
| `   |                                 | ,  |   |                  |              |
| Registered Agent for                                    | IMAGO,                          | cce  |   |                  | <u> </u>     |
|   | (Name of Lin                    | nited Liability Company)   |   | <u></u>          |              |
| LO4000<br>(Document Numbe                               | 00 50269<br>er, ifknown)        |  | **  |                  |              |
| A copy of this resignation                              | was mailed to the a             | bove listed limited lia  | bility company at its la                                    | st known addre   | ss.          |
| The agency is terminated  -  If signing on behalf of an | (Signal entity:                 | Luand<br>ature of Resigning Agent)                               | ***   | ch this statemer | nt is filed. |
| -   |                                 | yped or Printed Name)  |   |                  |              |
|   | ζ-                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                          |   |                  |              |
| ~   |                                 | (Capacity)   |   | ÷ •              | ,            |
|   | <b>FILING</b> \$ 85.00 \$ 25.00 | FEES: Active limited liabi Administratively di withdrawn limited | lity company<br>ssolved/voluntarily di<br>liability company | ssolved/         | -            |
|   | Make checks payab               | le to Florida Departme<br>Division of Corporation                | nt of State and mail to:<br>ons                             |                  | 72.          |

Tallahassee, FL 32314

Mr. Mark E. Baker Imago Owner 914 N. Palafox street Pensacola, FL 32501

Dear Mr. Baker,

This letter is to inform you that effective immediately as of today's date, 1/7/2005, I, C.C. Miranda do hereby resign as vice president/manager/registered agent of Imago, LLC. As of today's date, 1/7/2005, I leave the entire company to the devices of Mark E. Baker, president/manager. This change of partnership leaves Mark E. Baker the sole owner of Imago, LLC. As of this date, I have no further association in regards to the business practices of this company.

I will be removing all my personal belongings starting this date, and will have removed them all as of 1/17/2005. A detailed list of what are my personal belongings is enclosed.

Respectfully yours,

C.C. Miranda

Enclosure (1)

cc:

Ron Pratt 106 W Brainerd Pensacola, FL 32501

Miranda

Florida Department of Revenue 5050 W. Tennessee Street Tallahassee, FL 32399-0125 Re: certificate #27-8013175053-2

Division of Corporations PO Box 6327 Tallahassee, FL 32314 Re: document number: L04000050269

IRS 125 W. Romana Street Ste 300 Pensacola, FL 32502