L04000070687

(Requestor's Name)					
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(Address)					
(Ci	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
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SECRETARY OF STATEMS CORPORATIONS OF OCT 23 PM 12: 10

J. BRYAN OCT 2 4 2006

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ITL Custom Apparel, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L04000070687
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:
Jeffrey H Massie
(Name of Person)
cila Secono Esperantino de Esperanti
(Name of Firm/Company) (Name of Firm/Company)
2175 Sunnyside Ln 23 025
(Address)
(Name of Firm/Company) 2175 Sunnyside Ln (Address) Sarasota, FL 34239 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Jeffrey H Massie at / 941 \ 400-8976
Jeffrey H Massie at (941) 400-8976 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, FI	orida Statutes, the undersigned	7
Jeffrey H Massie		, hereby resigns as	
	(Name of Registered Agent)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
Registered Agent for _	ITL Custom Apparel, LLC		
•••	(Name of Limited Liability Comp	any)	
L04000070687			
(Document Nun	ber, if known)	4000	. •
A copy of this resignati	on was mailed to the above listed limite	d liability company at its last k	nown address.
The agency is terminate	d and the office discontinued on the 31	st day after the date on which th	his statement is filed.
	<i></i>		
	(Signature of Resigning Ag	gent)	06 JAN
If signing on behalf of a	n entity:		NEGRETARY 06 OCT 23
	(Typed or Printed Name	e)	
	· (Capacity)		PH 12: 10

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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