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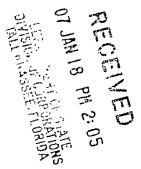
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FILING COVER'S ACCT. #FCA-14	SHEET	· .	
CONTACT:	Cristal Harr	<u>is</u>	
DATE:	<u>01-18-2007</u>		
REF. #:	000937.62712	<u>2</u>	
CORP. NAME:	Old Fashion	ed Holdings, LLC	
STATE FEES PE	CATION CANCELLATION signation of Registe	() ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER tered Agent for a Limited Liability Company TH CHECK# 519859 FOR \$ 8	
		COST LII	MIT: \$
PLEASE RETUR	RN:		
() CERTIFIED COPY	Ý () C I	ERTIFICATE OF GOOD STANDING	(义) PLAIN STAMPED COPY
() CERTIFICATE OF	F STATUS		

RESIGNATION OF REGISTERED AGENT FOR A LAMPTED LIABILITY COMPANY MALLAHASSEE, FLORIDA

Pursuant to the provis	ions of section 608.416(2) or 608.509, Flori	ida Statutes, the undersigned,	
CorpDirect Agents, Inc.		, hereby resigns as	
	(Name of Registered Agent)	,,,,,,,,	
Registered Agent for	Old Fashioned Holdings, LLC		
	(Name of Limited Liability Company	·/)	
L04000080457			
(Document No	umber, if known)		
A copy of this resigna	ation was mailed to the above listed limited	liability company at its last known address.	
The agency is termina	ated and the office discontinued on the 31st	day after the date on which this statement is filed.	
	(Signature of Resigning Ager	nt)	
If signing on behalf or	f an entity:		
	Cristal Harris		
	(Typed or Printed Name) Assistant Secretary	-	

(Capacity)

FILING FEES: \$ 85.00 Active Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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