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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAY 26 2009

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Red Bug, LLC Name of Limited Liability Company				
DOCUMENT NUMBER: L(
The enclosed Resignation of Registered Agent for a for filing.	a Limited Liability Company and fee are submitted			
Please return all correspondence concerning this ma	atter to the following:			
Jesse E. Graham, Jr., Esq. Name of Person				
Burr & Forman LLP				
Name of Firm/Company 369 N. New York Avenue, 3rd Floor Address	99 MAY 22 SECRETAF FALLAHAS			
Winter Park, FL 32789 City/State and Zip Code	O9 MAY 22 PH 2: 06 SECRETARY OF STATE SALLAHASSEE, FLORIC			
E-mail address: (to be used for future annual report noti	fication)			
For further information concerning this matter, please	ase call:			
Jesse E. Graham, Jr. at (rea Code & Daytime Telephone Number			
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively limited liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn			
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.4	16(2) or 608.509,	Florida Statutes, the undersi	gned,
Jesse E. Graham, Jr., Esq.		, hereby resign	s as
Name of Registered A	gent	,,,	
Registered Agent for	Red	d Bug, LLC	
Name of I	Limited Liability Con	npany	,
L0400093569			
Document Number, if known			
A copy of this resignation was mailed to th	e above listed limi	ited liability company at its	last known address.
The agency is terminated and the office dis	continued on the S		nich this statement is filed.
If signing on behalf of an entity: JESS	E E. GRAHAM, Description of Experimental National Capacity		O9 HAY 22 PM 2: 06 SECRETARY OF STATE
FILIN \$ 85.00 \$ 25.00	G FEES: O Active limite O Administrati withdrawn !	ed liability company vely dissolved/ voluntarily imited liability company	- 100

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