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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
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resignation

05/11/06--01022--003 **407.50

06 MAY II PN 12: 59
DIVISION OF CORPORATION

TITA TESTINATION OF THE PROPERTY OF THE PROPER

Show

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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my we seek	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
()	L.C. File
(8)	Fictitious Name File
	Trade/Service Mark
	Merger File
*	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
•	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
G:	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by (UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY SECRETARY OF STATE
Pursuant to the provisions of section 608:416(2) or 608.509, Florida Statutes, the undersigned,
Capital Connection, Troc, hereby resigns as (Name of Registered Agent)
Registered Agent for Caly pso By The Sea, UC
(Name of Limited Liability Company)
(Document Number, if known)
A copy of this resignation was mailed to the above listed limited liability company at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Reideric Whete (Signature of Resigning Agent)
If signing on behalf of an entity:
Leilani White (Typed or Printed Name)

Registered Agent Coordinator (Capacity)

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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