

Nov. 5. 2008 5:00 PM

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L05000014501

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6380

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Account Number : I20000000141
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION

BARCLAY BROTHERS, L.L.C.

Certificate of Status	0
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EXAMINER

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Barclay Brothers, L.L.C.
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000014501

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:

Cecle Catron
(Name of Person)

Arnold, Matheny & Eagan, PA
(Name of Firm/Company)

605 E. Robinson St., Suite 730
(Address)

Orlando FL 32801-2007
(City/State and Zip Code)

For further information concerning this matter, please call:

Cecle Catron at (407) 841-1550 ext. 219
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

AM&E Services LLC

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **Barclay Brothers, L.L.C.**

(Name of Limited Liability Company)

L05000014501

(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.

(Signature of Resigning Agent)

If signing on behalf of an entity:

Alexander J. Ombres, Esq.

(Typed or Printed Name)

Vice President

(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

INHS17 (08/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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