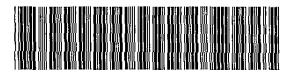
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CORETARY OF STATE

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AJL Resources Unlimited, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L Ø5 ØØØØ 14650
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:
Jasmine M. Bigos (Name of Person)
(Name of Firm/Company)
(Address)
Lake Worth, FL 33460 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (561) 585-0645 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	s of section 60	98.416(2) or 608.5	09, Florida Stati	utes, the un	dersigned,			
Jasn	nine 1	1, Bigo	S	, hereby re	esigns as			
Registered Agent for	AJL RE	esources.	Unlimi	ted	LLC.		<del></del>	
	(Nam	e of Limited Liability	Company)	<u>,</u>		<del> </del>		
LØ50000	<del></del>		-					
(Document Numb	er, if known)							
A copy of this resignation	on was mailed t	to the above listed	limited liability	company	at its last kn	own addr	ess.	
The agency is terminated	d and the office	e discontinued on	the 31st day afte	er the date	on which thi	is stateme	ent is fi	iled.
	1	Climature of Resis	Pla					
		(Signature of Resig	ming Agent)					
If signing on behalf of a	n entity:					SECRE	05 MA	***************************************
	· · · · · · · · · · · · · · · · · · ·	(Typed or Print	ed Name)	· · · · · · · · · · · · · · · · · · ·	•	CRETARY	05 MAR 25	F
		(Capacity)			<u>.</u>	OF STATE	PM 2: 35	ED

85.00 Active limited liability company
Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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