

L05000052322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

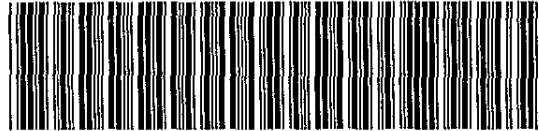
(Business Entity Name)

(Document Number)

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08/19/05--01023--007 **95.00

FILED
05 AUG 19 PM 12:55
SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA

Revised by
8-19-05

August 10, 2005

ATTN.: Mr. Robin J. Haworth
ARFilm Productions, Inc./ARFX LLC.

520 Camino Court
Altamonte Springs. FL

Dear Mr. Haworth :

Please accept this as formal notice of my resignation from ARFilm Productions, ARFX LLC., and any corporations associated with Robin J. Haworth. This resignation notice is effective immediately.

I sever all connections with the companies and all liability that you may have already or will incur. I have spoken with a representative of the IRS about the EIN# for ARFX LLC. and have been instructed to submit a formal letter to them indicating my detachment from the company, which I have done today.

I would like to make clear that any attempts made by you to contact me after receipt of this letter are unwelcome. I request that any information concerning my separation from the companies be communicated to me via Leandra.

It is with regret that I tender this resignation, but under the circumstances I feel that I have no choice but to cease all work and communication with you. I wish you and everyone involved with the companies and projects great success in the future.

Sincerely,

Kimberly Karel

cc: LC McFalls
Joe McKee

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARFX LLC.
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000052322

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:

Kimberly Ann Karel
(Name of Person)

(Name of Firm/Company)

495 Eldron Ave
(Address)

Deltona, FL 32738
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Karel at (407) 924-9374
(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
409 E. Gaines Street
Tallahassee, FL 32399

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,

Kimberly Ann Karel, hereby resigns as
(Name of Registered Agent)

Registered Agent for AREX LLC.
(Name of Limited Liability Company)

L05000052322
(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.

Kimberly A. Karel
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
05 AUG 19 PM 12:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

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