

L 05000062247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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07/28/08--01011--023 **25.00

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 JUL 28 PM 2:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
JUL 28 2008
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK
DATE: 07/28/08
REF. #: 000076.90025
CORP. NAME: INLET BEACH INVESTMENT GROUP, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: RESIGNATION OF REGISTERED AGENT (LLC) | | |

STATE FEES PREPAID WITH CHECK# 526950 FOR \$ 25.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

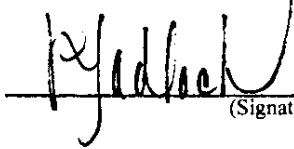
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
CORPDIRECT AGENTS, INC., hereby resigns as
(Name of Registered Agent)

Registered Agent for **INLET BEACH INVESTMENT GROUP, LLC**
(Name of Limited Liability Company)

L05000062247
(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:

Patricia Tadlock
(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