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RA Pesign Theurs 10-28-09

COVER LETTER

•						
SUBJECT:	see list attached					
INan	ne of Limited Liability Company					
DOCUMENT NUMBER:	R:see list attached					
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted					
Please return all correspondence concer	rning this matter to the following:					
Gary Walker, Equir Name of Person	re					
Name of Person						
Allen Dell, P.A.	·					
Name of Firm/Compar	ny					
202 S. Rome Avenue, St	uite 100					
Address						
Tampa, FL 33606 City/State and Zip Coo	3					
City/State and Zip Coo	de .					
n/a						
E-mail address: (to be used for future ann	ual report notification)					
For further information concerning this	matter, please call:					
Gary Walker, Esquire	at (<u>813</u>) 223-5351					
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Durament to the manifold	of coation 600 (16(2) or	. 600 500 Elasida C	tatutas the under	ianad	
Pursuant to the provision	ons of section 608.416(2) or	r 008.309, r iorida 8	tatutes, the unders	signed,	
	Gary Walker		, hereby resign	ns as	
	Name of Registered Agent	<u></u>		_	74. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1
Registered Agent for	Olumpe	us Ini	vest me	nts	
	(5)	III, LL	.C	至 星	
	Name of Limited I	Liability Company		報 号	7
L050000	067741			ASSE ASSE	m
Document N	umber, if known			ma T	
A copy of this resignati	on was mailed to the above	e listed limited liabil	lity company at its	last knoweddre	? -
The agency is terminate	ed and the office discontinu	ed on the 31st day a	after the date on w	hich this statemen	t is filed.
	<u>Hay</u>	ature of Resigning Age	ent		
If signing on behalf of a	nn entity:				
		n/a			
	Typed	or Printed Name			
		n/a			
	Ca	pacity	·		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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