

LO5000074043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

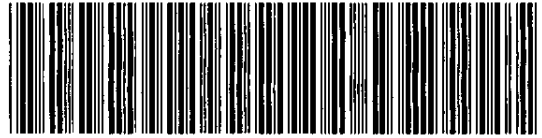
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000142779330

02/09/09--01065--008 **25.00

FILED
09 FEB -9 AM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/12/09
5019/12
2/12/09



**Resignation of Registered Agent for a
Limited Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitolservices.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**DATE: 2/5/2009
STATE: FLORIDA
REP UNIT: CUBE DEVELOPMENT
HOLDINGS, LLC**

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 15817 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Capitol Corporate Services, Inc.
Registered Agent Services



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUBE DEVELOPMENT HOLDINGS, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000074043

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:

RHONDA MAYBIN
(Name of Person)

Capitol Corporate Services, Inc.
(Name of Firm/Company)

800 Brazos, Suite 400
(Address)

Austin, Texas 78701
(City/State and Zip Code)

For further information concerning this matter, please call:

RHONDA MAYBIN at (800) 345-4647
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

CAPITOL CORPORATE SERVICES, INC., hereby resigns as
(Name of Registered Agent)

Registered Agent for CUBE DEVELOPMENT HOLDINGS, LLC

(Name of Limited Liability Company)

L05000074043
(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.

Cheryl Roberts
(Signature of Resigning Agent)

If signing on behalf of an entity:

Cheryl Roberts
(Typed or Printed Name)

President
(Capacity)

FILED
09 FEB -9 PM 1:11
SECRETARY 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