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(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	_
(Oly) Such Light Hollowy	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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SLCRETARY OF STATE
DIVISION OF CORPORATIONS



TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: HAYES MEATS OF	F COCOA BEACH, LLC		
	Name of Limited Liability Company)	**************************************	
DOCUMENT NUMBER: L0500	00074964		
The enclosed Resignation of Regist for filing.	ered Agent for a Limited Liability Company a	nd fee are submitt	led
Please return all correspondence cor	ncerning this matter to the following:		
RAUL GOMEZ SILVA			
(Name of Pers	son)	20	9
OLY'S CORPORATION		2006 FEB	SECKE VISION
(Name of Firm/Co	ompany)	B 28	유조
284 VIA TUSCANY LOOP		8 PK	SLUKETARY OF STATE DIVISION OF CORPORATIONS
(Address)			STA SRA
LAKE MARY FL 32746		9: 54	LIOK:
(City/State and Zi	p Code)		
For further information concerning	this matter, please call:		
DONNA BIRD	at (407) 814 9336 (Area Code & Daytime Telephone		
(Name of Person)	(Area Code & Daytime Telephone	Number)	
Enclosed is a check made payable to liability company or \$25.00 for an a liability company.	o the Florida Department of State for \$85.00 f administratively dissolved, voluntarily dissolved	or an active limite ed or withdrawn li	d imited
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		

INHS17(11/02)

\$160

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416	6(2) or 608.509, Florida S	tatutes, the undersigned,		
RAUL GOMEZ SILVA , hereby resigns as					
	(Name of Registered Ag	ent)			
Registered Agent for _	HAYES MEATS (OF COCOA BEACH	···		
HAYES MEATS OF COCOA BEACH LLC					
	(Name of Li	mited Liability Company)			- - ,
L05000074964					•
(Document Nur	nber, if known)	······		`	
A copy of this resignat	ion was mailed to the	above listed limited liabil	lity company at its last know	n address.	
The agency is terminat	ed and the office disco	ontinued on the 31st day a	after the date on which this s	tatement i	s filed.
~	Sign	nature of Resigning Agent)			
If signing on behalf of	an entity:				
	RAUL GOMEZ SILVA				D]\
	(Typed or Printed Name) OWNER				
		(Capacity)		28	FARY OF CO
		FEES:		PM 9: 54	OF STATE ORPORATION
	\$ 85.00 \$ 25.00	Active limited liability Administratively dissorbithdrawn limited lia	olved/voluntarily dissolved	-	•

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314