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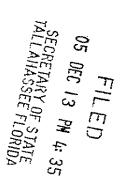
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

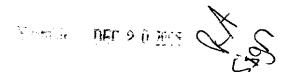
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: PAUL DAVID INVESTMENTS, LLC					
(Name of Limited Liability Company)					
DOCUMENT NUMBER: L05000075090					
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:					
Robert L. Harding, Esq. (Name of Person)					
Railey & Harding, P.A.					
Railey & Harding, P.A. (Name of Firm/Company)					
20 North Eola Drive					
(Address)					
Orlando, FL 32801					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Robert L. Harding at (407) 648-9119 (Name of Person) (Area Code & Daytime Telephone Number)					
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399					

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2	2) or 608.509, Florida St	tatutes, the undersigned,		
Robert L. Harding	g, Esq.		, hereby resigns as		
	(Name of Registered Agen	t)	,		
Registered Agent for	Paul David Investments, LLC				
	(Name of Limi	ited Liability Company)			
_L05000075090					
(Document Nu	ımber, if known)				
A copy of this resigna	tion was mailed to the ab	oove listed limited liabili	ity company at its last kn	own address.	
The agency is termina	ted and the office discon	tipered on the 31st day a	fter the date on which thi	is statement is filed.	
	(Signat	ture of Resigning Agent)	<u> </u>		
If signing on behalf of	f an entity:		enne a deservición de la companya del la companya de la companya d	i e e e e	
	Ту	yped or Printed Name)			
		(Capacity)		05 TALL	
	FILING F \$ 85.00 \$ 25.00		y company olved/ voluntarily dissob bility company	FILED DEC 13 PM WARETARY DEFENDA	

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