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(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only

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C. LEWIS

MAR 1 7 2009

EXAMINER

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,	
1+ickman Harold =, hereby resigns as (Name of Registered Agent)	
Registered Agent for Buyer's i Sellers Pro Title Company 44C	
(Name of Limited Liability Company)	
(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:	
(Typed or Printed Name) (Typed or Printed Name) A 5.5 Control of the control of	P. Hopeyan , E. ,
(Capacity)	Marin Hot
FILING FEES: \$85.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	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