L05000114567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

N. Gottlieb OCT 21 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLASH BROTHERS LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000114567

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:

TINA MAKI
(Name of Person)

A1A REIGISTERED AGENT INC.
(Name of Firm/Company)

5647 110TH AVE NORTH
(Address)

ROYAL PALM BEACH, FL 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

TINA MAKI at (866) 703-8828
(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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

A1A REIGISTERED AGENT INC. , hereby resigns as
(Name of Registered Agent)

Registered Agent for FLASH BROTHERS LLC

,
(Name of Limited Liability Company)

L05000114567
(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:

TINA MAKI
(Typed or Printed Name)

PRESIDENT
(Capacity)

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08 OCT 14 AM 9:50
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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)