

L05000114683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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09 JUN 26 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 29 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INFAMOUS INK TWO LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 405000114683

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:

CHANDLER HUFF  
Name of Person

INFAMOUS INK TWO LLC  
Name of Firm/Company

P.O. Box 5244  
Address

Niceville, FL 32578  
City/State and Zip Code

CHUFF1@EARTHLINK.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHANDLER HUFF at ( 950 ) 897-6464  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

## 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,

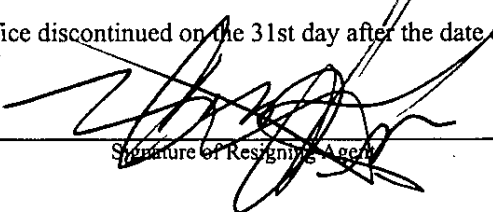
CRAIG KRUSE, hereby resigns as  
Name of Registered Agent

Registered Agent for INFAMOUS INK TWO, LLC  
Name of Limited Liability Company

LO5000114683  
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:

CRAIG KRUSE  
Typed or Printed Name  
Capacity

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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