405000118918

(Requestor's Name)				
(Address)				
(1.1.1.000)				
, (Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
Special instructions to 1 ming officer.				
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Office Use Only



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Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE: 2/5/2009 FLORIDA

REP UNIT:

BOOTH DEVELOPMENT

HOLDINGS, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 15815 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BOO	TH DEVELOPME	NT HOLDING	S, LLC	
DOCUMENT MUMBER.	•	Liability Company)	
DOCUMENT NUMBER: L	03000110916			
The enclosed Resignation of for filing.	Registered Agent for a	Limited Liability	Company and fee are submitted	
Please return all corresponde	nce concerning this ma	atter to the followi	ng:	
RHOND	A MAYBIN	<u>. </u>		
(Name	of Person)			
Capitol Corpora	ate Services, Inc.			
(Name of F	mm/Company)			
800 Brazo	s, Suite 400			
(,			
Austin, Te	xas 78701 and Zip Code)			
` •	• ,	11		
For further information conce	rning this matter, plea	se call:		
RHONDA MAY (Name of Person	BIN at (800) Area Code & Daytin	345-4647 ne Telephone Number)	
Enclosed is a check made parliability company or \$25.00 illimited liability company.	yable to the Florida De or an administratively	partment of State dissolved, volunta	for \$85.00 for an active limited arily dissolved or withdrawn	
MAILING ADDRESS:		STREET ADDR	RESS:	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		
		Tallallassee, FL 3	043V1	

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,
	ORPORATE SERVICES, INC. , her	reby resigns as
Registered Agent for	BOOTH DEVELOPMENT HO	_DINGS, LLC
Wall	(Name of Limited Liability Company)	
L05000118918 (Document Number,	if known)	
A copy of this resignation	was mailed to the above listed limited liability com	pany 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.
_	Chlen A OTHERS (Signature of Resigning Agent)	<u>.</u>
If signing on behalf of an		09 SECI
_	Cheryl Roberts	— F. AHA.
	(Typed or Printed Name)	SSR -
_	President	
	(Capacity)	PN 1: 06 F STATE FLORIDA

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

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Tallahassee, FL 32314