

L06000003590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

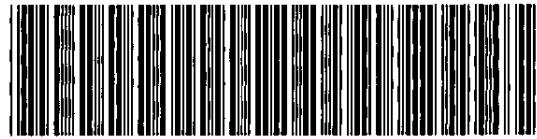
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/24/07--01016--001 **197.50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

07 APR 21 AM 9:11

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 24 AM 10:30

APPROVED
AND
FILED

R.A. Resign

G. Goulette APR 24 2007

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Q Citrus LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

(A)

Signature _____

Requested by

AW

Date

4/19

Time

Name

Walk-In _____

Will Pick Up _____

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,

Capital Connection, Inc, hereby resigns as
(Name of Registered Agent)

Registered Agent for Q Citrus LLC
(Name of Limited Liability Company)

L06000003590
(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.

Leilani White
(Signature of Resigning Agent)

If signing on behalf of an entity:

Leilani White
(Typed or Printed Name)
Registered Agent Coordinator
(Capacity)

APPROVED AND FILED
07 APR 24 AM 10:31
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