## 0600000479

(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	- #h
(01)	//Oww.corz.cp/r 110550	• ***
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
		***************************************
		Į
		WWW.

Office Use Only



400080123834

RA Reseign
Thereis 10/02/06--01016--020 \*\*85.00



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: East Gate Technologi			<u></u>
— (Na	me of Limited Liability	Company)	
DOCUMENT NUMBER: L060000	04798	·	- 
The enclosed Resignation of Registere for filing.	d Agent for a Limited	Liability Company and fee	are submitted
Please return all correspondence conce	erning this matter to th	e following:	
Preston J. Fields, Sr., Esquire (Name of Person	)	. <del></del> .	
Preston J. Fields, P.A.			· · · · · · · · · · · · · · · · · · ·
(Name of Firm/Comp	oany)	•	
11211 Prosperity Farms Road, Su	uite C-301		,
(Address)		· · · · · · · · · · · · · · · · · · ·	
Palm Beach Gardens, Florida 334	l10	-	
(City/State and Zip C		, t= · · · · · · · · · · · · · · · · · ·	
For further information concerning this	s matter, please call:		
Preston J. Fields, Sr.	at (561	799-9910 e & Daytime Telephone Num	
(Name of Person)	(Area Code	e & Daytime Telephone Num	ber)
Enclosed is a check made payable to the liability company or \$25.00 for an additional liability company.	he Florida Department ninistratively dissolve	t of State for \$85.00 for an d, voluntarily dissolved or	active limited withdrawn limited
Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399		. <u>-</u>

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.5	509, Florida Statu	tes, the undersigne		3
Sylvester Spinetta	a, III		, hereby resigns as	700	· · ·
	(Name of Registered Agent)		, nercoy resigns as		ී ද
Registered Agent for _	East Gate Technologies, L	LC			E S
	(Name of Limited Liabilit	y Company)			<b>-</b> •
L0600004798					<del>-</del> ·
(Document Nu	niber, if known)				
	ion was mailed to the above listed			•	
J .	(Signature of Resi	Ma)	74	13. · · · · · · · · · · · · · · · · · · ·	
If signing on behalf of	an entity:			·	
	(Typed or Prin	nted Name)			
	(Capacity	)	<del></del>		·
	FILING FEES: \$ 85.00 Active 1 \$ 25.00 Administration withdra	imited liability co stratively dissolve wn limited liabili	ompany ed/voluntarily dis ity company	solved/	· <del></del>

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314