L0600008412

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| OCT 1 7 2012 | | |
| L. SELLERS | | |
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SECRETARY OF STATE.

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: Marmalade Portrait Design (Name of Limite DOCUMENT NUMBER: L06000008412 | & Boutique, LLC d Liability Company) |
| | a Limited Liability Company and fee are submitted |
| Please return all correspondence concerning this n | natter to the following: |
| Michael J. Quicker, Esq. (Name of Person) | |
| Michael J. Quicker, Esq. (Name of Firm/Company) | |
| PO Box 19797 (Address) | |
| Sarasota, Florida 34276 (City/State and Zip Code) | |
| For further information concerning this matter, ple | ease call: |
| Michael J. Quicker, Esq. at (| 941 926-2338 |
| • | Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn |
| MAILING ADDRESS: | STREET ADDRESS: |
| 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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 608.4 | 16(2) or 608.509, Florida Statutes, the undersigned, | |
|---|---|-------------------------|
| Michael J. Quicker, Esq. | , hereby resigns as | |
| (Name of Registered | Agent) | |
| Registered Agent for Marmalade P | Portrait Design & Boutique, LLC | _ |
| . (Name of | Limited Liability Company) | _, |
| L06000008412 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed to th | ne above listed limited liability company at its last known address | 5. |
| The agency is terminated and the office dis | scontinued on the 31st day after the date on which this statement | is filed |
| Mich | (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | v | |
| | (Typed or Printed Name) | |
| | | |
| : | (Capacity) | स्कार्यम् यह |
| | T 15 PP | |
| FILIN \$ 85.00 \$ 25.00 | | U |

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