

L06000019664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

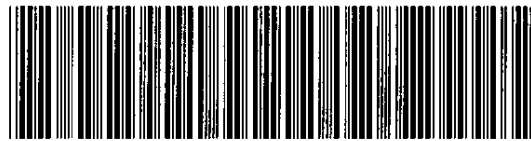
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09 MAR 25 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 26 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Shaken Not Stirred, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L06000019664

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:

John H. Rains III  
(Name of Person)

John H. Rains III, P.A.  
(Name of Firm/Company)

501 East Kennedy Boulevard Suite 750  
(Address)

Tampa, FL 33602  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Albee at ( 813 ) 221-2777  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**FILED**  
09 MAR 25 AM 11:08  
SECRETARY OF STATE  
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,

John H. Rains III, P.A.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Shaken Not Stirred, LLC

(Name of Limited Liability Company)

L06000019664

(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:

John H. Rains III

(Typed or Printed Name)

President

(Capacity)

**FILED**  
**09 MAR 25 AM 11:08**  
**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**