## L06000061998

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	•	
(Cit	:y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
·	·	
(Do	cument Number)	
· ·	,	
Certified Copies	_ Certificates	of Status
	_	
		<del></del>
Special Instructions to	Filing Officer:	
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<i>;</i>	Office Use On	lea.



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C. Coulliette OCT 2 2 2007

## CAPITAL CONNECTION, INC.

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

Biscar	ine Shi	iters	LLC
	,	7	

26-11	Merger File
20 85 = 110	Art. of Amend. File
	RA Resignation LLC
	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
ignature	Fictitious Owner Search
gnature	Vehicle Search
	Driving Record
equested by $(0)$	UCC 1 or 3 File
$(/)\omega$ $\frac{118}{2}$	UCC 11 Search
ame Date Time	UCC 11 Retrieval
/alk-In Will Pick Up	Courier

Art of Inc. File\_\_\_\_\_ \_\_\_\_ LTD Partnership File\_\_\_\_\_

Foreign Corp. File\_\_\_\_\_

Fictitious Name File\_\_\_\_\_ Trade/Service Mark\_\_\_\_\_

L.C. File\_\_\_\_\_

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416()	2) or 608.509	9, Florida Sta	tutes, the under	signed,			
Capital	Connect (Name of Registered Ager	100/	Inc	_, hereby resig	ns as			
Registered Agent for	Biscayr	_	huter	5, LL				
·	(Name of Lim	nited Liability C	ompany)				<b></b> ,	·
LO60000	061998 nber, if known)	<del></del>						
A copy of this resignation	on was mailed to the al	bove listed li	mited liability	y company at it	s last know	n addres	s.	
The agency is terminate	Lufa	ntinued on th	Whi	er the date on v	which this s	atement	is file	d.
<u>:</u>	Leilani Wh	ite yped or Printed	Name)			SECR TALLA	070	
	Registered	Agent Co (Capacity)	oordinat	or		RETARY OF STA HASSEE, FLOR	OCT 22 PH 12: 02	APPROVEL AND FILED
:	FILING \$ 85.00 \$ 25.00	Active limi	ited liability of tively dissolution liab	company ved/ voluntaril ility company	y dissolved	STATE _ORIDA	02	

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