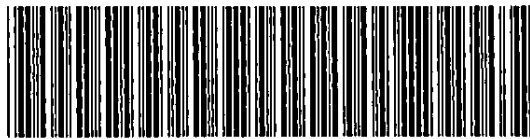


L06000061998



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10/22/07--01005--007 **170.00

(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:

Office Use Only

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OFFICE OF STATE REGISTRATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
07 OCT 22 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. A. Reese

C. Couffette OCT 22 2007

CAPITAL CONNECTION, INC.

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

Biscayne Shutters, LLC

20 85 = 170

(Signature)

Signature

Requested by

SW

10/18

Name

Date

Time

Walk-In

Will Pick Up

- 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 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 _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

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 Biscayne Shutters, LLC
(Name of Limited Liability Company)

LO6000061998
(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)

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

07 OCT 22 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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