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(Re	equestor's Name)	
(Address)		
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(Address)		
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF CORPORATIONS.
DIVISION OF CORPORATIONS.

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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

APRIL 28, 2007

SUBJECT: TERRA BLOCK LLC (Name of Limited Liability Company)			
DOCUMENT NUMBER: L 0 60000 67722			
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:			
JOANNE MEI PEYTREMANN (Name of Person)			
TERRA BLOCK LLC (Name of Firm/Company)			
1327 FLAGSTONE AVE.			
(City/State and Zip Code)			
For further information concerning this matter, please call: TOANNE MEI PETREMANN (Name of Person) at (321) 939-4973 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.			

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

INHS17(11/02)

Mailing Address:
Ameridment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Flo	orida Statutes, the undersigned,
JOANNE MEI PEYTREMAN	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for TERRA BLO	SECRETA SECRETA 2001 HAY
	AY OFF
(Name of Limited Liability Compa	my)
L 06 0000 67722	PH 2: 58
(Document Number, if known)	TATE ATIONS 2: 58
A copy of this resignation was mailed to the above listed limite	
The agency is terminated and the office discontinued on the 31s	st day after the date on which this statement is filed.
(Signature of Resigning Ag	1901) ON APRIL 28,200-
If signing on behalf of an entity:	•
(Typed or Printed Name	()
(Canacity)	

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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