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(Requestor's Name)

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(City/State/Zip/Phone #)

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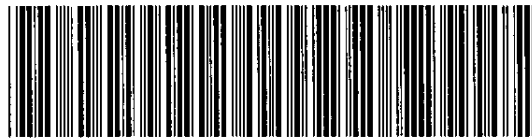
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 MAR 11 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C. Coulliette*

C. COULLIETTE

MAR 11 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ROSEN - BURROUGHS LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

BYRON C. BURROUGHS  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1514 KUHLCRE DRIVE  
(Address)

TALLAHASSEE, FL 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

BYRON BURROUGHS at (850) 443-6757  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

Byron C. Burroughs, hereby resigns as  
(Name of Registered Agent)

Registered Agent for ROSEN - BURROUGHS LLC  
(Name of Limited Liability Company)

\_\_\_\_\_  
(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.

If signing on behalf of an entity:

[Signature]  
(Signature of Resigning Agent)  
\_\_\_\_\_  
(Typed or Printed Name)  
\_\_\_\_\_  
(Capacity)

**FILED**  
09 MAR 11 PM 3:20  
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