

JAN 27-2009 TUE 09:19 AM

FAX NO

P. 01/03

Division of Corporations

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LD6000/06864

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305) 357-5775
Fax Number : (305) 357-5534

REGISTERED AGENT RESIGNATION

MACLEE EXPRESS RETAIL NETWORK, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
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Florida Dept of State



January 23, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MACLEE EXPRESS RETAIL NETWORK, LLC

429 LENOX AVE.

MIAMI BEACH, FL 33139

SUBJECT: MACLEE EXPRESS RETAIL NETWORK, LLC

REF: L06000106864

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please submit RA Resignation form for LLC, submitted wrong filing form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H09000015075
Letter Number: 209A00002473

RECEIVED
2009 JAN 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

((H09000018690 3)))

**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,

Ronald R. Fieldstone

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **Maclee Express Retail Network, LLC**

(Name of Limited Liability Company)

L06000106864

(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:

(Typed or Printed Name)

(Capacity)

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withdrawn limited liability company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

FILED
09 JAN 27 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA