

DL 000113698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

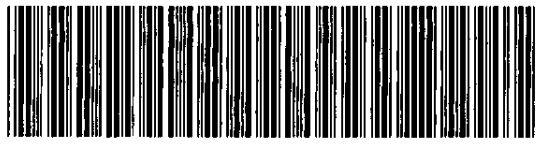
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OCT 27 2009  
**EXAMINER**



700162125277

10/26/09--01015--006 \*\*50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT 26 PM 2: 25



**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,

ROBERTO GIOIOSA

Name of Registered Agent

, hereby resigns as

Registered Agent for

SHPACK, LLC

Name of Limited Liability Company

L06000113698

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

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**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withdrawn limited liability company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