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OCT 27 2009

**EXAMINER** 



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## **COVER LETTER**

SUBJECT: SHPACK, LLC  Name of Limited Liability Company				
DOCUMENT NUMBER: L06000113698				
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:				
MICHAEL I. SANTUCCI, ESQ. Name of Person				
SANTUCCI, PRIORE & LONG, LLP Name of Firm/Company				
200 SOUTH ANDREWS AVENUE, SUITE 100 Address				
FORT LAUDERDALE, FL 33301 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
MICHAEL I. SANTUCCI, ESQ. at ( 954 ) 351-7474  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provision	ns of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,		
F	ROBERTO GIOIOSA	, hereby resigns as		
	Name of Registered Agent			
Registered Agent for	SH	PACK, LLC		-
	Name of Limited Liability Co.	mpany		.>
L06000	113698			
Document Nu	mber, if known			
		aited liability company at its last know 31st day after the date on which this signing Agent		filed.
If signing on behalf of ar	n entity:		09 OCT 26	SECRE
	Typed or Printed N	ame	1 26	OF OR
	Capacity		PH 2: 25	OF STATE OR STATE ORPORATION:

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