

OCT-12-2011 WED 01:41 PM BEGGS & LANE

FAX NO, 8504693331

P. 02/03

## ((( H 1100024 7009 3))) COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Poydras Holdings, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	

DOCUMENT NUMBER: \_\_\_\_\_\_ L06000114371 \_\_\_\_\_

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:

David A Brannen Name of Person

Name of Firm/Company

40 S. Palafox Place, Suite 500 Address

> Pensacola, FL 32502 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Clifford Mowe
 at ( 850 )
 432-6301

 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

(((H110002470093)))

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FAX NO. 8504693331

\_\_\_\_, hereby resigns as

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(((H110002470093)))

Poydras Holdings, LLC

## 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,

Beggs & Lane, RLLP

Name of Registered Agent

Registered Agent for

Name of Limited Liability Company

L06000114371

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.

Regnature of Resigning Agent	-
If signing on behalf of an entity:	ASE 11
James S. Campbell	
Typed or Printed Nume	ASA
Firm Partner	HASSE
Capacity	
<b>FILING FEES:</b> <b>\$ 85.00</b> Active limited liability company <b>\$ 25.00</b> Administratively dissolved/ volum withdrawn limited liability compa	marily dissolved/
Make checks payable to Florida Department of State and Division of Corporations P.O. Box 6327 Tuilahassee, FL 32314	mail to:
INHS17 (08/05)	
(((H11000247009 3	)))