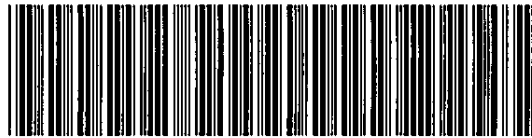


LO7000024500



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER-LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INDIA'S INVESTMENTS LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L07000024500

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:

GARLAND HUMPHERIES  
(Name of Person)

INDIA'S INVESTMENTS LLC  
(Name of Firm/Company)

7853 GUNN HIGHWAY #234  
(Address)

TAMPA, FLORIDA. 33626  
(City/State and Zip Code)

For further information concerning this matter, please call:

GARLAND HUMPHERIES at ( 813 ) 504-3972  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2008

GARLAND HUMPHRIES  
INDIAS' INVESTMENTS LLC  
7853 GUNN HIGHWAY #234  
TAMPA, FL 33626

SUBJECT: INDIA'S INVESTMENTS LLC  
Ref. Number: L07000024500

We have received your document for INDIA'S INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active limited liability company is \$85.00.

There is a balance due of \$60.00.

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) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 608A00058714

PRIMARY ADDRESS } SHOULD ALSO BE:  
MAILING ADDRESS }

7853 GUNN HWY #234  
TAMPA, FL 33626

PLEASE CHANGE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN - 8 AM 8:00

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**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,

**ANGELA S. MCGRUFF**, hereby resigns as  
(Name of Registered Agent)

Registered Agent for **INDIA'S INVESTMENTS LLC**  
(Name of Limited Liability Company)

**L07000024500**  
(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.

*Angela S. McGruff*  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)  
\_\_\_\_\_  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 JAN - 8 PM 1:18  
FILED

**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