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JUN 22 2010

EXAMINER

COVER LETTER *

SUBJECT:Name	ENNJON, LLC of Limited Liability Company
DOCUMENT NUMBER:	
The enclosed Resignation of Registered A for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concerni	ing this matter to the following:
Ennis Griffith	
Name of Person	
	i
Name of Firm/Company	· · · · · · · · · · · · · · · · · · ·
	•
2323 Tarragon Ln	
Address	
New Port Richey, FL 34 City/State and Zip Code	1655
egriffi2@tampabay.rr.co	com
For further information concerning this m	
Ennis Griffith Name of Person	at (727) 804-1369 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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

	John Miller		, hereby resigns a	S		
Nan	ne of Registered Agent		.,			
Registered Agent for		ENNJON, LL	<u> </u>			-
	Name of Limited L	iability Company				_,
L0700002	7284				-	
Document Number	, if known					
A copy of this resignation was		•	-			
· —	20		/17/ 2010	á í		
If signing on behalf of an en	ity:			ALL AH		چينانا _{لا} سر
	Typed o	or Printed Name		ASSE	规 21	All Market
	Cal	pacity	d.	OF STATE	65 45 EM	

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Tallahassee, FL 32314

FILING FEES: \$ 85.00 Active \$ 25.00 Admi