L07000110240

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SECRETARY OF STATE

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PARES

COVER LETTER

SUBJECT: (Name of Limited Liability Company)

DOCUMENT NUMBER: Lo 7000/10240

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:

My Malmon (Name of Person)

Heavy 2 Amount (Name of Firm/Company)

1990 L.E. 163 St. St. 207

(Address)

M. Mani Reach Fl. 73162

(City/State and Zip Code)

For further information concerning this matter, please call:

Any Malmon at (705) 318-470 /

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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