

L08000028071

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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Theris  
7-2-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEVEN ISLES DISTRIBUTING, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L08000028071

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:

Rhonda Maybin  
(Name of Person)

Capitol Corporate Services, Inc.  
(Name of Firm/Company)

800 Brazos, Suite 400  
(Address)

Austin, Texas 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Maybin at ( 800 ) 345-4647  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Return Acknowledgment to: *Rem*



**Capitol Corporate Services, Inc.**  
P.O. Box 1831 Austin, TX 78767  
800/345-4647



**CAPITOL  
SERVICES**

**Resignation of Registered Agent for a  
Limited Liability Company**

**Capitol Corporate Services, Inc.**

PO Box 1831

Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitol-services.com

**Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**DATE: 6/22/2009  
STATE: FLORIDA  
REP UNIT: SEVEN ISLES DISTRIBUTING,  
LLC**

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Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 16434 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-3671G

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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,

Capitol Corporate Services, Inc.

(Name of Registered Agent)

Registered Agent for

SEVEN ISLES DISTRIBUTING, LLC

(Name of Limited Liability Company)

L08000028071

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Cheryl Roberts

(Typed or Printed Name)

President

(Capacity)

### 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

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