

LD8000033970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

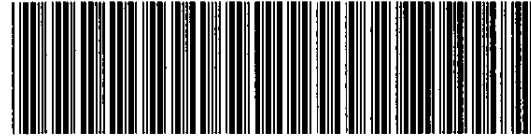
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700186749897

10/19/10--01048--018 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 19 AM 11:03

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A & L Southern Agricultural Laboratories, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000033970

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:

Edward P. Guttenmacher, Esq.  
Name of Person

Guttenmacher & Bohatch, P.A.  
Name of Firm/Company

7301 SW 57th Court, Suite 560  
Address

South Miami, Florida 33143  
City/State and Zip Code

Eguttenmacher@qbtaxlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward P. Guttenmacher, Esq. at ( 305 ) 666-1040  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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,

G B & B-Registries, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for A & L Southern Agricultural Laboratories, LLC

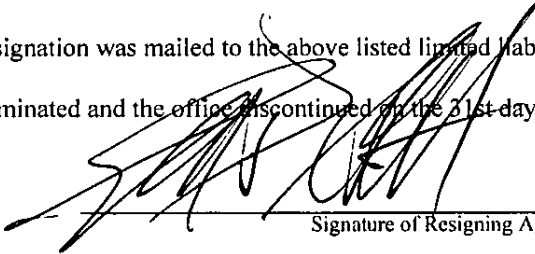
Name of Limited Liability Company

L08000033970

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:

Edward P. Guttenmacher, Esq.

Typed or Printed Name

Manager

Capacity

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 19 AM 11:04

**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**