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11 SEP 21 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Scribbles of Sarasota, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L08000038799

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:

Amie Swan  
Name of Person

The Paper Tree  
Name of Firm/Company

1931 S. Osprey Ave  
Address

Sarasota, FL 34239  
City/State and Zip Code

amie and jack @ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amie Swan at ( 941 ) 266-1326  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Barbara Portanova

Name of Registered Agent

, hereby resigns as

Registered Agent for Scribbles & Sarasota, LLC

Name of Limited Liability Company

L08000038799

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]

Signature of Resigning Agent

If signing on behalf of an entity:

Barbara Portanova

Typed or Printed Name

Manager & Registered Agent

Capacity

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### 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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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