L080000041313

(Re	equestor's Name)					
(Ad	ldress)					
(Ac	ldress)					
(Ci	ty/State/Zip/Phone	+#)				
PICK-UP	MAIT	MAIL .				
(Bı	ısiness Entity Nап	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only

FF \$25.00



600184825746

09/20/10--01008--008 **210.00

10 SEP 30 PH 2: 05

RARES

B. Tades OCT 0 4 2010

COVER LETTER

SUBJECT: Flosida IP Holdings Lkc Name of Limited Liability Company
Name of Limited Liability Company
DOCUMENT NUMBER: 6080000 40373
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:
Sandra h Miller Name of Person
Florida Business Formation Inc
20 S Broad St
Brooks ville, FL 34601 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra h Miller at (775) 887-4641 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2010

SANDRA L. MILLER FLORIDA BUSINESS FORMATION INC. 20 S BROAD STREET BROOKSVILLE, FL 34601

SUBJECT: FLORIDA IP HOLDINGS, LLC

Ref. Number: L08000040373

We have received your document for FLORIDA IP HOLDINGS, LLC and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 910A00022380

Irene Albritton Regulatory Specialist II

www.sunbiz.org

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 608.416(2	2) or 60	8.509, Floi	ida Statu	tes, the und	lersigned,			
Florida Busin	Registered Agen	Orm	ation	The	, hereby re	signs as			
Registered Agent for	Flori		IP	Hol	ding	s Lh	<u>.c</u>		
	Name of Limi		ility Compan	у					
Document Number, if ke A copy of this resignation was m	nown		a	1!-1-1!4					
The agency is terminated and the	e office discon	Signatur	on the 31st	day after	the date of	n which th	is stateme	nt is f	iled.
If signing on behalf of an entity:	\sim	Capac	rinted Name Side ity e limited li nistratively lrawn limit	int_		rily disso	lved/	.10 SEP 30 PH 2: 05	SECRETARY OF STATE OF STATE
	\$ 25.00	witho	lrawn limit	ed liabil	ty compan	y y	iveu/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314