## L08000042553

(1	Requestor's Name)					
(,	Address)					
(,	Address)					
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PICK-UP	WAIT MAIL					
(	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
1	A. LUNT DEC 3 I 2009					

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12/31/09--01006--018 \*\*85.00



## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 608.41	l6(2) or 608.509, Flori	da Statutes, the unde	rsigned,		
Gustavo Gandaillas, her			, hereby resi	reby resigns as		
	Name of Registered A	-		-		
Registered Agent for	Extrene	Dasebell of S	outh Fluxiba	ردد		
	Name of L	Limited Liability Company		<u> </u>	,	
L0800	0004255	3				
Document N	umber, if known	<del></del>			2	
A copy of this resignation	on was mailed to the	e above listed limited l	iability company at i	ts last known add	30% 30% 30%	71
The agency is terminate				<del></del>	<b>C</b> 3	ed
	1	- 1 OS		( OF :	PM 12: 29	П
		Signature of Resignin	g Agent	F STATE FLORID	<u>122</u>	
If signing on behalf of a				E A	29	
	605	+ AUD GANG	daillns			
	L .	Typed or Printed Name	<del></del>			
	MAM	ging Men	7 6/1			
		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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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