

LO8000043173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

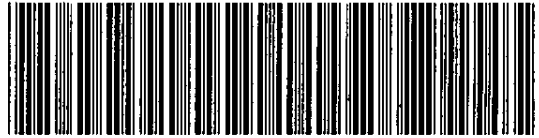
(Business Entity Name)

(Document Number)

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10 JAN -4 PM 1:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

N. Callahan JAN -5 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stubgrabber LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000043173

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:

Matthew Brown  
Name of Person

Growth Technologies International, Inc.  
Name of Firm/Company

4920 West Cypress Street #104  
Address

Tampa, FL 33607  
City/State and Zip Code

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

For further information concerning this matter, please call:

Matthew Brown at ( 813 ) 470-7094  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Growth Technologies International, Inc., hereby resigns as  
Name of Registered Agent

Registered Agent for Stubgrabber LLC

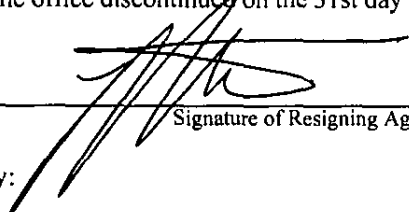
\_\_\_\_\_  
Name of Limited Liability Company

L08000043173

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:

Matthew Brown

Typed or Printed Name

CEO

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

FILED  
10 JAN -4 PM 1:45  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA