

LO8000047370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

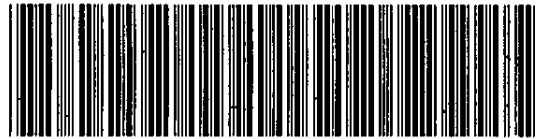
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 DEC 22 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/3/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BABY MILK LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L08000047370

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:

JESSICA MEDINA

(Name of Person)

INCORPORATE FLORIDA, INC

(Name of Firm/Company)

18001 OLD CUTLER ROAD STE 600

(Address)

PALMETTO BAY FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY RUBINSTEIN

(Name of Person)

at (305) 3745500

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

INCORPORATE FLORIDA, INC

(Name of Registered Agent)

Registered Agent for **BABY MILK, LLC**

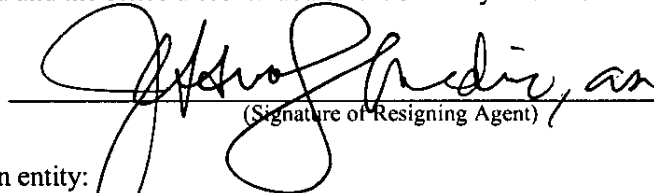
(Name of Limited Liability Company)

L08000047370

(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.

 **VP, Inc. FL.**
(Signature of Resigning Agent)

If signing on behalf of an entity:

JESSICA MEDINA

(Typed or Printed Name)

VICE-PRESIDENT, INCORPORATE FLORIDA, INC.

(Capacity)

FILED
2008 DEC 22 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2008 DEC 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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