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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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AUG 30 2011

**EXAMINER** 



## Resignation of Registered Agent for a **Limited Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

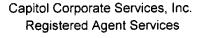
DATE: STATE:

8/25/2011 **FLORIDA** 

**REP UNIT:** 

CYCLONE, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 21856 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.





### **COVER LETTER**

SUBJECT: CYCLONE, LLC  Name of Limited Liability Company		
DOCUMENT NUMBER: L08000050056		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee ar for filing.	e submi	tted
Please return all correspondence concerning this matter to the following:		
Rhonda Maybin Name of Person		
Name of Person		CIT!
Capitol Services Registered Agent Department Name of Firm/Company	ANTESS.	AU6 29
800 Brazos, Suite 400	MC TO	
Austin, Texas 78701 City/State and Zip Code	DRIDA	<u> </u>
rmaybin@capitolservices.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:		
Rhonda Maybin at ( 800 ) 345-4647  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 actiliability company or \$25.00 for an administratively dissolved, voluntarily dissolved or with limited liability company.	ve limit ıdrawn	ed

#### **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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2)	or 608.509, Florida St	atutes, the undersigned,	
Capitol Corporate Servi	ces, Inc.	, hereby resigns as	
Name of Registered Agent			
Registered Agent for			
CYC	CLONE, LLC		,
Name of Limited	d Liability Company		
L08000050056			
Document Number, if known			
A copy of this resignation was mailed to the abo	ve listed limited liabili	ty company at its last known a	address.
The agency is terminated and the office discontin	nued on the 31st day at	fter the date on which this stat	ement is filed.
Chleri	MOFAL ighature of Resigning Ager	<u>5</u>	
If signing on behalf of an entity:			
	eryl Roberts		the second
	ed or Printed Name		AND THE RESERVE TH
F	President		15: <b>5</b>
-	Capacity	<u> </u>	· 유수 29
FILING FE	EFS:		
\$ 85.00 A \$ 25.00 A	Active limited liability Administratively disso withdrawn limited liab	company lved/ voluntarily dissolved/ pility company	

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