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Special Instructions to Filing Officer:				
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Office Use Only



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PARTIE OF STATE

TALLAHAS SEE, FLORIDA

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FILEU 2011 MAY 23 PH 12: 55 SECRETARY OF STATE TALLAHASSEE, FLORIN

15/24/11

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File				<u> </u>	
LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Search Fictitious Owner Search Fictitious Owner Search Driving Record Requested by: SETH O5/23/11 11:00 Name Date Time UCC 11 Retrieval	REEL TRIMS LLC				
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L.C. File					LTD Partnership File
Fictitious Name File					Foreign Corp. File
Trade/Service Mark   Merger File   Art. of Amend. File   Art. of Amend. File   RA Resignation   Dissolution / Withdrawal   Annual Report / Reinstatement   Cert. Copy   Photo Copy   Certificate of Good Standing   Certificate of Status   Certificate of Fictitious Name   Corp Record Search   Officer Search   Fictitious Search   Fictitious Search   Fictitious Search   Priving Record   Vehicle Search   Driving Record   UCC 1 or 3 File   UCC 11 Search   UCC 11 Retrieval   UCC 11 Retriev					L.C. File
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Dissolution / Withdrawal					Art. of Amend. File
Annual Report / Reinstatement   Cert. Copy   Photo Copy					RA Resignation
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Y   Photo Copy					Annual Report / Reinstatement
Certificate of Good Standing					Cert. Copy
Certificate of Status				4	Photo Copy
Certificate of Fictitious Name					Certificate of Good Standing
Corp Record Search					Certificate of Status
Officer Search					Certificate of Fictitious Name
Fictitious Search					Corp Record Search
Signature   Fictitious Owner Search   Vehicle Search   Vehicle Search   Driving Record   UCC 1 or 3 File   UCC 11 Search   UCC 11 Retrieval   UCC 11 Retrieval   Courier   Cou					Officer Search
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Requested by: SETH         UCC 1 or 3 File					Vehicle Search
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	Walk-In	•			Courier

## **COVER LETTER**

Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

DEE	TDMC I C		
SUBJECT: REE Name of L	LIKINS LLC		
DOCUMENT NUMBER:	L08000051002		
The enclosed Resignation of Registered Ager for filing.	nt for a Limited Liability Company and fee are submitted		
Please return all correspondence concerning to	this matter to the following:		
TERRI TURBA			
Name of Person	<del>-</del>		
REEL TRIMS LLC			
Name of Firm/Company			
2137 S.W. IDAHO LANE			
Address			
PORT SAINT LUCIE, FL 3495	53		
City/State and Zip Code			
E-mail address: (to be used for future annual rep	ort notification)		
For further information concerning this matte	er, please call:		
TERRI TURBA Name of Person	at ( 772 ) 418-1415 Aren Code & Daytime Telephone Number		
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administralimited liability company.	rida Department of State for \$85.00 for an active limited atively dissolved, voluntarily dissolved or withdrawn		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section	Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608.416(2) or 608.509, F.	lorida Statutes, the undersigned,	
	TERRI TURBA	, hereby resigns as	MILLAN 23
	Name of Registered Agent		器スト
Registered Agent for	REEL	TRIMS LLC	
	Name of Limited Liability Comp		PH 12: 55
	Nume of Limited Disbinty Comp	шіу	97 5
L080000			85F 5
Document Nun	iber, if known		
A copy of this resignation	was mailed to the above listed limit	ed liability company at its last kno	own address.
The agency is terminated	and the office discontinued on the 31		s statement is filed.
If signing on behalf of an	entity:		
	TERRI TURBA	Α	
•	Typed or Printed Nam	ne	
	MGRM		
•	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