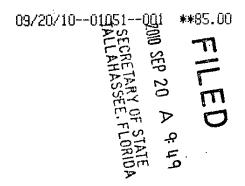
L08000051904

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	9 #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000185483880



RA Resign Thereis 9 22-10

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	JBJECT: Fish Hoek Industries LLC				
	Name of Limited Lial	oility Company			
DOCUMENT NUMBER:	·				
The enclosed Resignation of Refor filing.	egistered Agent for a Lin	nited Liability Comp	pany and fee are submitted		
Please return all correspondence	e concerning this matter	to the following:			
Morris A	<u>llnatt</u>				
Name of I	Person				
Eagle Shipping Cente					
Name of Firm	Company				
3677 23rd Ave S	S. Suite B107				
Addre					
Lake Worth, FI	orida 33461				
City/State and	Zip Code				
			;		
morris@eagleship E-mail address: (to be used for f	pingcenter.com				
E-mail address: (to be used for f	uture annual report notificati	on)			
For further-information concern	ing this matter, please o	all:			
Morris Allnatt	at (56°	1) 932 (0700		
Name of Person	Area	1 932 (Code & Daytime Telep	phone Number		
Enclosed is a check made payal liability company or \$25.00 for limited liability company.	ole to the Florida Depart an administratively diss	ment of State for \$8. olved, voluntarily di	5.00 for an active limited issolved or withdrawn		
MAILING ADDRESS:	. ST	REET ADDRESS:			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassec, FL 32314	266	2661 Executive Center Circle			

Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisions	s of section 608.416(2) of 608.509, Florid	a Statutes, the unders	منت المهم سير	77
Morris Allnatt		, hereby resign	ns as A	COLUMN TO SERVICE STATE OF THE
1	Name of Registered Agent	,,,,,	75 20 75 20	m
Registered Agent for	Fish Hoek Ind	ustries LLČ	SENO P	_'ö
			FLST	၉ ့
	Name of Limited Liability Company			9
L0800005	1904		•	
Document Num	ber, if known			
A copy of this resignation	was mailed to the above listed limited lia	ability company at its	s last known addre	ess.
The agency is terminated	and the office discontinued on the 31st da	ay after the date on w	hich this statemen	nt is filed.
-	Signature of Resigning	Agent		
If signing on behalf of an				
-	KATEL HOLD			
	Typed or Frinted Name			
-	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:

The island of Corporations P.O. Box 6327

Thillshassee, FL 32314.