

LD8000051904

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KA Resign  
Thurs  
9-22-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fish Hoek Industries LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Morris Allnatt  
Name of Person

Eagle Shipping Center Palm Beach Inc.  
Name of Firm/Company

3677 23rd Ave S, Suite B107  
Address

Lake Worth, Florida 33461  
City/State and Zip Code

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

For further information concerning this matter, please call:

Morris Allnatt at ( 561 ) 932 0700  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Morris Allnatt

Name of Registered Agent

, hereby resigns as

Registered Agent for

Fish Hoek Industries LLC

Name of Limited Liability Company

LO8000051904

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]  
Signature of Resigning Agent

If signing on behalf of an entity:

KAREN HARRIS  
Typed or Printed Name

OWNER  
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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.