# L0800056200

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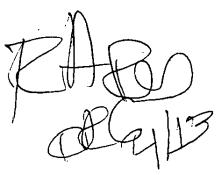


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FILED PH 3: 33
10 APR -9 PH 3: 33
SECRETARY OF STATE
SECRETARSSEE. FLORIDA





## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT:	SCRIBS 34, LLC		
	Name of Limited Liability Company		
DOCUMENT NUMBER:	L08000056200		
The enclosed Resignation of Refor filing.	gistered Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence	concerning this matter to the following:		
Jose Leo			
Name of F	erson		
Name of Firm	Company		
500 S. Dixie Highy Addre	vay, Suite 204		
Coral Gables, City/State and			
jose.leonardo@jle E-mail address: (to be used for f	onardolaw.com uture annual report notification)		
For further information concern	ing this matter, please call:		
Jose Leonardo Name of Person	at ( 305 ) 275-9177  Area Code & Daytime Telephone Number		
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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 o	f section 608.416(2) or 608.509, Florida Statutes, the underst	igned,
Jose	e J. Leonardo Esq. , hereby resign	is as
	me of Registered Agent	
Registered Agent for	SCRIBS 34, LLC	
	Name of Limited Liability Company	·
L0800005	6200	
Document Numbe	r, if known	
A copy of this resignation w	vas mailed to the above listed limited liability company at its	last known address.
The agency is terminated an	d the office discontinued on the 1st day after the date on what was a signature of Resigning Agent	nich this statement is filed.
If signing on behalf of an en	ntity:	10 A SECT
<u></u>	Typed or Printed Name	APR -9 CRETAR LAHASS
_	Capacity	PM 3: EE, FLE

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

INHS17 (08/05)