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# Florida Department of State
## Division of Corporations
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To:
    Division of Corporations
    Fax Number    : (850)617-6383

From:
    Account Name  : THE LAW OFFICES OF NICK SPRADLIN PLLC
    Account Number : I20070000020
    Phone        : (813)435-3176
    Fax Number    : (813)333-6358

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

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## LLC REGISTERED AGENT RESIGNATION
## LEFT HAND DESIGNS, LLC

| | |
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| Certificate of Status | 0 |
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OCT 2 5 2013

T. HAMILTON

Thursday, October 24, 2013

# 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,

## THE LAW OFFICES OF NICK SPRADLIN, PLLC , hereby resigns as

Name of Registered Agent

Registered Agent for _____

## LEFT HAND DESIGNS, LLC

Name of Limited Liability Company

## L08000056201

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 of Resigning Agent

If signing on behalf of an entity:

## NICKOLAS J. SPRADLIN

Typed or Printed Name

## CEO

Capacity

**FILING FEES:**
$ 85.00   Active limited liability company
$ 25.00   Administratively dissolved/ voluntarily dissolved/
          withdrawn limited liability company

2013 OCT 24 AM 7: 49

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

INHS17 (08/05)