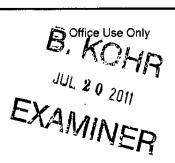
## LU8000060167

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
_					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





200209819712

07/20/11--01026--017 \*\*85.00

NO. ISTENDED SUFFICIENCY OF FILING

RECEIVED

OFPARIMENT OF STATE
OVERSION OF CORPORATIONS

DIVISION OF COMPORATION

11 JUL 20 PH 3: 27



ACCOUNT NO. : 12000000195

REFERENCE : 851567 6699A

AUTHORIZATION :

COST LIMIT : \$ PREPAID W/CK# 39165

ORDER DATE : July 20, 2011

ORDER TIME : 10:37 AM

ORDER NO. : 851567-005

CUSTOMER NO: 6699A

## DOMESTIC AMENDMENT FILING

NAME: OORT BUSINESS DEVELOPMENT,

L.L.C.

EFFECTIVE DATE:

XX RESIGNATION OF AGENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS:

TA JUL 20 PH 3: 27

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or	608.509, Florida Sta	itutes, the undersigned,	2
N	Larry J. Behar ame of Registered Agent		, hereby resigns as	PH 3: 27
Registered Agent for	OORT BU	SINESS DEVEL	OPMENT, L.L.C.	
	Name of Limited Li	iability Company		•
L080000				
Document Num	er, if known			
			y company at its last known a	
The agency is terminated a	The	ed on the 31st day aff	ter the date on which this stat	ement is filed.
If signing on behalf of an e	entity:			
_		y J. Behar	<del></del>	
	Typed or	r Printed Name		
	Registered Age	ent/ Attorney-in-F	act	
_	Car	nacity		

**FILING FEES:** 

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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