L0800068953

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
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9 DEC 24 PM 12: 32
SECRETARY OF STATE
SHARSSEE, FLORID,

J. BRYAN

DEC 2 8 2009

EXAMINER



Resignation of Registered Agent for a **Limited Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE: 12/15/2009 **FLORIDA**

REP UNIT:

SCREAMIN' EAGLE I, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 18583 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.



COVER LETTER

SUBJECT: SCREA	<u>AMIN' E</u>	AGLE	I, LLC				
(Name o	of Limited	Liability	Company)			
DOCUMENT NUMBER: L0800006895	53				-		
The enclosed Resignation of Registered Agfor filing.	gent for a	Limited	Liability	/ Company an	d fee are sul	bmitte	d
Please return all correspondence concernin	ng this ma	tter to th	e followi	ing:			
Rhonda Maybin (Name of Person)					SEC	090	(~\ (~\
Capitol Corporate Services, (Name of Firm/Company)	Inc.				RETARY	DEC 24 F	-11-
800 Brazos, Suite 400 (Address)					OF STATE	PH 12: 32	Ċ
Austin, Texas 78701 (City/State and Zip Code)					₽		
For further information concerning this ma	atter, pleas	se call:					
Rhonda Maybin (Name of Person)	at (800 trea Code) & Daytii	345-4647 ne Telephone I	Number)		
Enclosed is a check made payable to the Fl liability company or \$25.00 for an adminis limited liability company.	lorida De stratively	partment dissolve	of State d, volunt	for \$85.00 fo arily dissolved	r an active I d or withdra	imited wn	ì

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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	s of section 608.416(2) or 608.509, F	Torida Statutes, the undersig	gned,	
Capitol Corporate Services, Inc. , hereby re		, hereby resigns	sas	
	(Name of Registered Agent)			
Registered Agent for	SCREAMIN	N' EAGLE I, LLC		
	(Name of Limited Liability Con	ipany)	,	
L08000068953	•			
(Document Number	r, if known)			
The agency is terminated	and the office discontinued on the 3 (Signature of Resi	Ist day after the date on wh		l .
If signing on behalf of an	entity:			
	. Cheryl Rober . (Typed or Printed Na		S TAI	
	President (Capacity)		LL. A	
	FILING FEES:	d liability company vely dissolved/ voluntarily o mited liability company	DEC 24 PM 12: 32 CRETARY OF STATE AHASSEE. FLORUDA	FILED

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