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2011 OCT 17 PM 12: 26 Seundiary of State ALLAHASSEE, FLORIO

T. HAMPTON

EXAMINER

COVER LETTER

SUBJECT: Growth Tech of FI Name of Limited Liab	orida LLC				
DOCUMENT NUMBER: L0800	• • •				
The enclosed Resignation of Registered Agent for a Limfor filing.	ited Liability Company and fee are submitted				
Please return all correspondence concerning this matter to	to the following:				
Matthew A Brown Name of Person					
Name of Firm/Company					
4920 West Cypress Street #104 Address					
Tampa, FL 33607 City/State and Zip Code					
mbrown@growthtechnologies.com E-mail address: (to be used for future annual report notification					
For further information concerning this matter, please ca Matthew Brown at (
Name of Person Area C	ode & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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Pursuant to the provisio	ns of section 608.416(2	2) or 608.509, Floric	la Statutes, the undersigne	;d,
	Matthew A Brown	า	, hereby resigns as	i
	Name of Registered Agen		,,,	
Registered Agent for		Growth Tech o	f Florida LLC	
		•		
	Name of Limi	ted Liability Company		
L0800	0085959			
	umber, if known			
A copy of this resignation	on was mailed to the ab	oove listed limited li	ability company at its last	known address.
The agency is terminate	ed and the office discon	tinued on the 31st d	ay after the date on which	this statement is filed.
	1/1	1		
	111	Signature of Resigning	Agent	
If signing on behalf of a	n entity:			7A 2011
	/			LA BC
	Ту	ped or Printed Name		FILED 2011 OCT 17 PH 12: 26 TALLAHASSEE, FLORIC
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	FILING I	EES:		• •
	\$ 85.00 \$ 25.00	Active limited liab Administratively of withdrawn limited	oility company lissolved/ voluntarily diss I liability company	solved/

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

Tallahassee, FL 32314