

LO8 000096598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

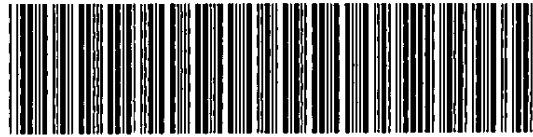
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 NOV - 2 AM 10: 53

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T. CLINE

NOV - 3 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INTERIOR FX, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000096598

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janice Null  
Name of Person

Incorp Services, Inc.  
Name of Firm/Company

375 N. Stephanie St., Suite 1411  
Address

Henderson, NV 89014-8909  
City/State and Zip Code

janice.null@incorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Null for Incorp Services, Inc. at ( 702 ) 866-2500 ext. 6505  
Name of Person Area Code & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

# 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,

MARC J. CHAMBERLAND, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for

INTERIOR FX, LLC

Name of Limited Liability Company

L08000096598

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.

✓ Marc J. Chamberland P.A.  
Signature of Resigning Agent

If signing on behalf of an entity:

MARC J. CHAMBERLAND

Typed or Printed Name

Pres. / Director Marc J. Chamberland  
Capacity P.A.

## 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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