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| Certified Copies | Certificates | e of Status | | | | |
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| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE
AN LANASSEE, FLORID





COVER LETTER

Amendment Section Division of Corporations TO:

| SUBJECT: | Gulfstream Pr | ocessing, I | LLC | - |
|------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------|
| DOCUMENT NUMBER:_ | - · · · · | | | |
| The enclosed Resignation of for filing. | | a Limited Lia | bility Company and fee a | re submitted |
| Please return all corresponder | nce concerning this m | atter to the fo | llowing: | |
| Michae Name o | l Harper f Person | | | |
| | /A m/Company | , | | |
| Name of Fi | писопірапу | | | |
| | ur Club Drive Iress | | | |
| | n, FL 33467 nd Zip Code | | | |
| jamesadorna E-mail address: (to be used fo | <u>-</u> | | | |
| For further information conce | rning this matter, ple | ase call: | | |
| Michael Harpe Name of Person | n at (| 561 Area Code & Da | 307-7853 aytime Telephone Number | |
| Enclosed is a check made pay liability company or \$25.00 following limited liability company. | vable to the Florida Dor an administratively | epartment of S dissolved, vo | State for \$85.00 for an aculuntarily dissolved or wi | tive limited thdrawn |

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

2010 APR 26

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 608.50 | 09, Florida Statutes, the undersigne | d, | | |
|----------------------------|--------------------------------------------|---------------------------------------|----------------------------------------------------|--|--|
| | Michael J Harper | , hereby resigns as | | | |
| | Name of Registered Agent | | | | |
| Registered Agent for | tered Agent for Gulfstream Processing, LLC | | | | |
| | Name of Limited Liability | Company | | | |
| L08000 | | | | | |
| Document Nun | nber, 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 t | he 31st day after the date on which | this statement is filed. | | |
| | Chulled b Signbourte of | Rosigning Agent | HILE 10 APR 21 SECRETARY FALLAHASSE | | |
| If signing on behalf of an | • | | FILEU 10 APR 21 A SECHETARY C ALLAHASSEE. | | |
| | Michael H | | m ~ m | | |
| | Typed or Printe | 1 Name | AM IO: 3 OF STATE E. FLORE | | |
| • | Capacity | | ≱ ა | | |

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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