70800 0\$11555

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
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J. Shivers JUL 08 2003

COVER LETTER

SUBJECT: Gibson Produce and Waterm		_C
DOCUMENT NUMBER: L08000111222	Company	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company an	d fee are submitted
Please return all correspondence concerning this matter to the	ne following:	
Robert Gruber		
Name of Person	-	
Name of Firm/Company	-	
1145 6th Place		
Address	-	
Vero Beach, FL 32962		i de la companya de l
City/State and Zip Code	-	13 J
samsrents@bellsouth.net		ARE L
E-mail address: (to be used for future annual report notification)	-	SER S
For further information concerning this matter, please call:		
Robert Gruber Name of Person at (772 Area Code	532-7332 & Daytime Telephone N	OF STATE O

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

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

Pursuant to the provisions of section 608.416	5(2) or 608.509, Florida Statutes, the undersigned,
Robert A Gruber	, hereby resigns as
Name of Registered Age	ent , notody realigns as
Registered Agent for Gibson Prod	uce and Watermelon Sales LLC
Name of Lir	nited Liability Company
L08000111222	
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 disco	ontinued on the 31st day after the date on which this statement is filed. Signature of Resigning Agent
If signing on behalf of an entity:	
	Typed or Printed Name Capacity
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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