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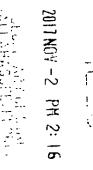
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COVER LETTER

SUBJECT: London LLC DBA Superior Fence Name of Limited Liability Company
DOCUMENT NUMBER: 408000114479
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:
Michael E Van Bibbe -
landon LLC DBA Superior France
11248 Pinto Ct Address
Jackson Ville Fl 31225 City/State and Zip Code
Uanbibber Michael agmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mike Van Bibbl - at (904) 352 3096 Name of Person at (904) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.011:	5, Florida Statu	tes, the under	signed,	4
Michael	E Van E	3,66e-	<u>-</u>	hereby resigns as	The off
]	Name of Registered Ager	11			PORTE O
Registered Agent for	Lenton	LLC	DBA.	3 periou	Frace o
	Name of Lim	ited Liability Com	pany		,
LOS OOO 1) L Document Nun	f y 79 iber, if known				
A copy of this resignation	n was mailed to the a	bove listed lim	ited liability	company at its last	known address.
The agency is terminated	and the office disco	Signature of Res	10	the date on which	this statement is filed.
If signing on behalf of an	entity:				_
		n (LC yped or Printed Na Sident Capacity	DBX ime	<u>superior</u>	Fince

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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