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(Ře	equestor's Name)				
(Ac	ddress)				
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(Ci	ty/State/Zip/Phone	e #)			
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TALLAHASSEE, FLORIDA

D. BRUCE
SEP 18 2009
EXAMINER

COVER LETTER

SUBJECT: COUNTRY CLUB TODAY MAGAZINE L.L.C. Name of Limited Liability Company			
DOCUMENT NUMBER: L0900045776			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee ar for filing.	re subm	itted	
Please return all correspondence concerning this matter to the following:			
Steven Mishan, Esq. Name of Person			
Law Offices of Steven Mishan, P.A. Name of Firm/Company	TAS:	09	
848 Brickell Avenue, Suite 1100 Address	CRETARY LAHASSI	SEP 17	
Miami, FL 33131 City/State and Zip Code	OF STATE. FLORI	PH :: -	
steven@mishanlaw.com E-mail address: (to be used for future annual report notification)	IDA	9	
For further information concerning this matter, please call:			
Steven Mishan, Esq. at (305) 577-5999 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 act liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or wit limited liability company.	ive lim hdrawn	ited 1	

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 provision	ns of section 608.416	(2) or 608.509, Florid	la Statutes, the under	rsigned,	
	MANYA BORMA	N.	, hereby resig	ens as	
	Name of Registered Age	nt	,,	3	
Registered Agent for	COUN	TRY CLUB TOD	AY MAGAZINE L	L.C	
	Name of Lim	nited Liability Company			,,,,,,,,,_,,,,,,,,,,,,,,,,,,,,
L09000	045776				
Document Nu	mber, if known				
A copy of this resignation	n was mailed to the a	above listed limited li	ability company at it	s last known add	iress.
The agency is terminated	San	ntinued on the 31st d	Pman	which this statem	ient is filed.
	ı	Manya Borman			
	т	yped or Printed Name			
	R	egistered Agent			
	FILING \$ 85.00 \$ 25.00	Active limited liab	oility company lissolved/ voluntaril I liability company	TALLAHASSEE STATE dissolve y	O9 SEP 17 PM 1:19

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