L0900069587

(Requestor's Name)			
(Address)			
(Address)			
•			
(Address)			
,			
(City/State/Zin/Dhana #)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Control Control			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer			
Special Instructions to Filing Officer:			
,			

Office Use Only



000166967260

02/01/10--01020--024 **25.00

03/02/10--01045--014 **60.00



W 3/5 W

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Crime Scene Reality TV, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
DOCUMENT NUMBER:	L09000069587	
The enclosed Resignation of R for filing.	Registered Agent for a Limited Liability Company	and fee are submitted
Please return all correspondence	ce concerning this matter to the following:	
Randy S	. Lacey	
Name of	Person	
Crime Scene Re		
Name of Firm	n/Company	
520 core		
Addr	ess	
St. Pete Beac		
City/State and	d Zip Code	
randylacey@ro	ocketmail.com future annual report notification)	
E-mail address: (to be used for	future annual report notification)	
For further information concern	ning this matter, please call:	
Randy S. Lacey	at (727) 498-6545	5
Name of Person		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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



February 4, 2010

RANDY S. LACEY 520 COREY AVENUE ST. PETE BEACH, FL 33706

SUBJECT: CRIME SCENE REALITY TV, LLC

Ref. Number: L09000069587

We have received your document for CRIME SCENE REALITY TV, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as agent from an active Limited Liability Company is \$85.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 610A00002870

Carol Mustain
Regulatory Specialist II

Division of Corporations P.O. ROY 6397 Tallahassaa Florida 39214

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

-	James D. Weems	houshy maiona ao
	Name of Registered Agent	, hereby resigns as
Registered Agent for	Crin	ne Scene Reality TV, LLC
	Name of Limited Lia	ability Company
L090000	069587	
Document Nun	iber, if known	
A copy of this resignation	was mailed to the above l	isted limited liability company at its last known address.
The agency is terminated	and the office discontinued	d on the 31st day after the date on which this statement is filed.
	Janes C Signat	ture of Resigning Agent
If signing on behalf of an	entity:	*****
	,	7
-	Typed or	Printed Name
-	Cape	acity
	•	acity Parity Par
		7 6 1
-	FILING FEES \$85.00 Activ	ive limited liability company
	\$ 25.00 Adm with	ve limited liability company ninistratively dissolved/voluntarily dissolved/ ndrawn limited liability company

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