# 10900090931

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

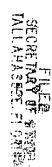
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PARO 124

Law Offices

# Michael J. Freeman, P.A. 153 Sevilla Avenue Coral Gables, Florida 33134-6006

Email: mfreeman@freemanmiami.com

Reply to: P.O. Box 140668 Coral Gables, Florida 33114-0668

Tel: (305) 442-1567 Fax: (305) 442-1227

November 18, 2009

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

RE:

LBF GLOBAL LLC

Document No: L09000090931 Resignation of Registered Agent

Gentlemen:

Enclosed please find the following for filing:

- 1. Executed Resignation of Registered Agent for a Limited Liability Company
- 2. My office check number 17693 in the amount of \$85.00 made payable to the Florida Secretary of State representing the filing fee

If you have any questions, please contact me.

Thank you.

Very truly yours,

Michael J. Freeman

MJF/amb

### **COVER LETTER**

SUBJECT:	LBF Global LLC Name of Limited Liability Company			
DOCUMENT NUMBER:_				
The enclosed Resignation of for filing.	Registered Agent for a Limited Liability Company and fee are submi	tted		
Please return all corresponde	nce concerning this matter to the following:			
Michael J. F Name	reeman, Esq.			
	reeman, P.A.			
	lla Avenue dress			
Coral Gabl City/State	es, FL 33134 and Zip Code			
•	or future annual report notification) erning this matter, please call:			
	n, Esq. at ( 305 ) 442-1567 Area Code & Daytime Telephone Number			
Enclosed is a check made pa liability company or \$25.00 limited liability company.	yable to the Florida Department of State for \$85.00 for an active limit for an administratively dissolved, voluntarily dissolved or withdrawn	ed		

#### MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

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, Flor	ida Statutes, the undersigned,	
M.J.F. Registered Agent Corp. , here			herehv resions as	
	Name of Registered Age	nt	, norday rangin as	
Registered Agent for		LBF Glo	obal LLC	
	Name of Lin	nited Liability Company		<del></del> ,
L09000	0090931			
Document Nu	imber, if known	<del></del>		
A copy of this resignation	on was mailed to the a	above listed limited l	liability company at its last known	address.
The agency is terminated	<i></i>	ntinued on the 31st	day after the date on which this sta	atement is filed.
		Signature of Resignin	g Agent	
If signing on behalf of a	n entity:			
	Mic	chael J. Freema	n	
	7	yped or Printed Name		99 65
		President		5 会然
		Capacity		SECRETAR ALI AHASE 09 NOV 20
				R 3
	<b>FILING</b> \$ 85.00 \$ 25.00	Active limited lia	ability company dissolved/ voluntarily dissolved/ ed liability company	သ 🛬

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