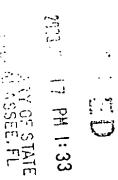
(Requestor's Name)
(Address)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;

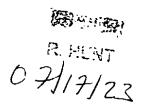
Office Use Only



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97/17/23--01021--013 **95.00





COVER LETTER

SUBJECT: Munchkin 2010 LLC	<u> </u>					
Na	me of Limited Lia	ability	Company			
DOCUMENT NUMBER: L090001205	<u> </u>					
The enclosed Resignation of Registere for filing.	d Agent for a Li	imited	Liability Compa	any and fee are	subn	nitted
Please return all correspondence conce	eming this matte	r to th	ne following:			
Brian French						
Name of Person						
Trantalis Law Offices						
Name of Firm/Compa	any				~3 -0.7	
2301 Wilton Drive, Ste. C1-A				þ.	ند	
Address						۱ ۰۰۰ ر
Wilton Manors, FL 33305				38.6	 :	17
City/State and Zip Co	ode			SEE, F	PH 1: 33	
				- AE	33	
E-mail address: (to be used for future an	nual report notifica	tion)				
For further information concerning thi	s matter, please	call:				
Brian French	954 at (566-2226			
Name of Person	Area	Code	Daytime Telepho	one 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15, Florida Statutes, the u	ndersigned,				
DEAN J. TRANTALIS, ESQ.		, hereby resigns	25			
Name of Registered A	gent	, nereby resigns	, nereby resigns as			
Registered Agent for Munchkin 2010 LLC						
Name of L	imited Liability Company			,		
L09000120511						
Document Number, if known						
A copy of this resignation was mailed to the The agency is terminated and the office dise	continued on the 31st day				•	
Dean	Signature of Resigning Ag	ent By				
If signing on behalf of an entity:						
·	Typed or Printed Name			2000		
	Capacity		LEAR			
FILIN \$ 85.00 \$ 25.00		y company olved/ voluntarily di ability company	ASSEE, MAL	7 PH 1: 33		

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

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