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SECRETARY OF STATE TALLAHASSEE, FLORIDA

A POS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Heroides Publishing LLC Name of Limited Liability Company	V
DOCUMENT NUMBER:	L0000074217	
The enclosed Resignation of Refor filing.	egistered Agent for a Limited Liabilit	y Company and fee are submitted
Please return all correspondenc	e concerning this matter to the follow	ring:
Ruchel Louis		
Name of I	Person	
Heroides Pub		
Name of Firm	n/Company	
1338 SW 4		
Addre	ess	
Ft Lauderdale City/State and		
ruchel@bell	lsouth.net	
E-mail address: (to be used for t	future annual report notification)	
For further information concerr	ning this matter, please call:	
Ruchel Louis Coetz Name of Person	at (954) Area Code & Daytir	295-2631 ne Telephone Number
- · · · · · · · · · · · · · · · · · · ·	, and the second se	•

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	
Compass	s Business Management LLC , hereby resigns as	
	Name of Registered Agent	
Registered Agent for	Heroides Publishing LLC	
	Name of Limited Liability Company	
L1000	0074217	
Document Nu	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liability company at its last known address.	
	Cheryl A Smith Digitally signed by Cheryl A Smith DN: cn=Cheryl A Smith DN: cn=Cheryl A Smith CLC, ou. email=cheryl@horoides.com, c=US Date. 2011 03.28 12:06:33 -04'00' Signature of Resigning Agent March Assigning Agent	
If signing on behalf of a	n entity:	
	Cheryl A. Smith Typed or Printed Name	
	President, Compass Business Management LLC Capacity Capacity FI	
	FILING FEES: \$ 85.00	

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