

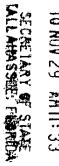
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	DART SALES LLC Name of Limited Liability Company	
DOCUMENT NUMBER:	• • •	
The enclosed Resignation of Reg for filing.	gistered Agent for a Limited Liability C	company and fee are submitted
·Please return all correspondence	concerning this matter to the following	ŗ.
GEORGE H	HADJIS	
DART SALE		
Name of Firm/0	EZ ROAD	
Addres		
ST AUGUSTINE City/State and 2		
DARTLLC1@A E-mail address: (to be used for fu	AOL.COM uture annual report notification)	
For further information concerni-	ng this matter, please call:	
GEORGE HADJIS Name of Person	at (904) 6 Area Code & Daytime 7	8871121 Telephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or 608.509, F	Torida Statutes, the undersigned,	
	ROBERT LEE	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for _	DART	SALES LLC	
	Name of Limited Liability Com	pany	,,
	0100004		
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limit	ed liability company at its last kn	own address.
The agency is terminate	and the office discontinued on the 3	sel.	is statement is filed.
If signing on behalf of a	n entity:		5
	GEORGE HAD	JIS	
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FILING FEES:

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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