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### **COVER LETTER**

SUBJECT:	FRENCH HE	ERBAL Limited	. INST Liability	ITUTE, Company	LLC			
DOCUMENT NUMBER	:	<u>L1</u>	10000	024705				
The enclosed Resignation for filing.	of Registered Ag	ent for a	Limite	d Liability	y Company a	nd fee a	re sub	mitted
Please return all correspon	dence concerning	g this ma	itter to t	he follow	ing:			
Florence	e Spelzhausen ne of Person			_				
	orate Research Firm/Company	, Ltd.		<del>-</del>				
	Dupont Hwy Address			_		٠		
	r, DE 19901 te and Zip Code			_	1.		(D)	<i>"</i> ,
statrep@ E-mail address: (to be use	nationalcorp.cor d for future annual r	n eport noti	fication)	_			<b>3</b>	
For further information co	ncerning this ma	tter, plea	se call:				: : :5	,
Florence Spela Name of Po	rhausen		866 rea Cod	_)_ e & Daytin	621-3524 ne Telephone		۵	•

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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, Florida Statutes, the un	dersigned,	
Nationa	Name of Registered Agent, Ltd. , hereby re	esigns as	
Registered Agent for	FRENCH HERBAL INSTITUTE, L	LC	<del></del>
	Name of Limited Liability Company		,
	0024705 unber, if known		
A copy of this resignation	on was mailed to the above listed limited liability company a	at its last known	address.
The agency is terminate	d and the office discontinued on the 31st day after the date of A . W. Signature of Resigning Agent	on which this star	tement is filed.
If signing on behalf of a	n entity:	· · ·	
	Andrew Lundgren  Typed or Printed Name  V.P., National Corporate Research, Ltd.  Capacity	***	18 OFF - LE TE TO : 19
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/volunt	arily dissolved/	

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company