# 11000036324

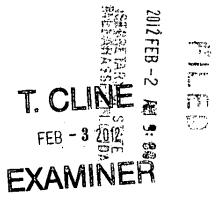
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### COVER LETTER

Division of Corporations
SUBJECT: Reward Treasure Divers, LLC  Name of Limited Liability Company
Name of Limited Liability Company
DOCUMENT NUMBER: L11000036324
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beverly Rosenthal & Howie Wiener  Name of Person
Reward Treasure Divers, LLC
Name of Firm/Company
6592 Ward Pkwy Address
Melbourne, Florida 32904  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Kathy Bennin at (407) 921-3952 Name of Person Area Code & Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section

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

# wy wy 7.55

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608.416(	2) or 608.509, Florida St	atutes, the undersigned,		
Robert E Bennin			, hereby resigns as		
1	Name of Registered Agen	nt	_ , -		
Registered Agent for		Reward Treasure D	Divers, LLC	<u>.                                    </u>	
	Name of Limi	ited Liability Company		,	
L110000					
Document Nurr	iber, if known				
A copy of this resignation	n was mailed to the al	bove listed limited liabil	ity company at its last k	nown address.	
The agency is terminated	and the office discor	ntinued on the 31st day a	fter the date on which the	nis statement is filed.	
If signing on behalf of an	entity:	Sering Z - Signature of Resigning Age  yped or Printed Name	n- 12.		
		Capacity			
	FILING \$ 85.00 \$ 25.00	A ativa limited lighility	y company olved/ voluntarily disso bility company	2012 FEB - 2 AJ	
	Make checks payab	ole to Florida Department Division of Corporation P.O. Box 6327 Tallahassee, FL 32314			