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Division of Corporations

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: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000052

: (302)531-0855

Phone

Fax Number

: (850) 656-7953

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LLC REGISTERED AGENT RESIGNATION MARITIME AND LEGAL SERVICES, LLC

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--|
| SUBJECT: MARITIME AND LEGAL SERVICES, LLC (Name of Limited Liab) | ility Company) |
| DOCUMENT NUMBER: L11000070589 | |
| The enclosed Resignation of Registered Agent for a Limfor filing. | ited Liability Company and fee are submitted |
| Please return all correspondence concerning this matter | to the following: |
| EDIE WHITEBREAD (Name of Person) | |
| INCORPORATING SERVICES, LTD. | TAI SE |
| (Name of Firm/Company) | |
| 3500 S. DUPONT HWY | SECRETARY ALLAHASSE |
| (Address) | ित 🚰 🖸 |
| DOVER, DE 19901 (City/State and Zip Code) | AHII: 05 |
| For further information concerning this matter, please ca | |
| EDIE WHITEBREAD at (302 (Area (|) 531.0855 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| INCORPORATING SERVICES, LTD. (Name of Registered Agent) Registered Agent for MARITIME AND LEGAL SERVICES, LLC (Name of Limited Liability Company) L11000070589 (Document Number, if known) A copy of this resignation was mailed to the above listed limited liability company at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. WANDAY, BLANKENSHIP (Typed or Printed Name) ASSISTANT SECRETARY (Capacity) THEO OS | | | | orida Statutes, the undersigned, | rursuant to the provisions of section 608.410(2) or 608.509, Fi |
|--|------------|-------------------------------------|----------------|---|--|
| (Name of Limited Liability Company) L11000070589 (Document Number, if known) A copy of this resignation was mailed to the above listed limited liability company at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filled. (Signature of Resigning Agent) WANDAY, BLANKENSHIP (Typed or Printed Name) ASSISTANT SECRETARY (Capacity) | | | | , hereby resigns as | <u></u> |
| (Signature of Resigning Agent) L11000070589 (Document Number, if known) A copy of this resignation was mailed to the above listed limited liability company at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filled. (Signature of Resigning Agent) WANDAY, BLANKENSHIP (Typed or Printed Name) ASSISTANT SECRETARY (Capacity) | | | | S, LLC | Registered Agent for MARITIME AND LEGAL SERVICES |
| (Capacity) A copy of this resignation was mailed to the above listed limited liability company at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filled. ASSET AND ASSISTANT SECRETARY (Capacity) | | | | peny) | (Name of Limited Liability Comp |
| A copy of this resignation was mailed to the above listed limited liability company at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filled. SECRETARY (Capacity) ASSISTANT SECRETARY (Capacity) | | | | | |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filled. (Signature of Resigning Agent) WANDAY, BLANKENSHIP (Typed of Printed Name) ASSISTANT SECRETARY (Capacity) | | | | | (Dodiment Number, it known) |
| (Signature of Resigning Agent) If signing on behalf of an entity: WANDAY, BLANKENSHIP (Typed of Printed Name) ASSISTANT SECRETARY (Capacity) | | | dáress. | ed liability company at its last known a | A copy of this resignation was mailed to the above listed limite |
| If signing on behalf of an entity: WANDAY, BLANKENSHIP (Typed of Printed Name) ASSISTANT SECRETARY (Capacity) TENDER OF THE Company of the position of th | | .ed. | ment is filed. | st day after the date on which this state | The agency is terminated and the office discontinued on the 31: |
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| WANDAY, BLANKENSHIP (Typed or Printed Name) ASSISTANT SECRETARY (Capacity) | | ~ | ES Z | ning Agent) | (Signature of Resign |
| (Typed or Printed Name) ASSISTANT SECRETARY (Capacity) | | | | | If signing on behalf of an entity: |
| ASSISTANT SECRETARY Capacity | <u>P</u> 0 | \bar{\bar{\bar{\bar{\bar{\bar{\bar{ | | | WANDAY, BLANKENSHIP |
| ASSISTANT SECRETARY Capacity) | P R | 3 =≥ | | ne) | (Typed or Printed Nam |
| (Capacity) FLORITE OR | \ | | | | |
| | <u> </u> | | - FIG 1 | | (Capacity) |
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| | | O, | ₩. C | | |
| FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company | | | | ely dissolved/voluntarily dissolved/ | \$85.00 Active limited \$25.00 Administrative |

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

INHS17 (08/05)