

L11000101316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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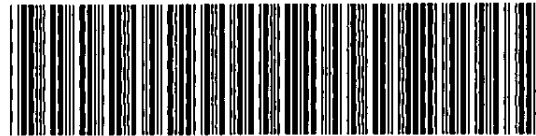
(Business Entity Name)

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TALLAHASSEE, FLORIDA

MAY 29 2013

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELITE SKY SHRIMP, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000101316

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:

Jeanmarie Seabaugh
Name of Person

Seabaugh and Associates, LLC
Name of Firm/Company

3663 Commercial Way
Address

Spring Hill, FL 34606
City/State and Zip Code

Jeanmarie@SeabaughTax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanmarie C. Seabaugh at (352) 596-1022
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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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TALLAHASSEE, FLORIDA

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Jeanmarie C. Seabaugh

Name of Registered Agent

, hereby resigns as

Registered Agent for Elite Sky Shrimp, LLC

Name of Limited Liability Company

L110001013116

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.

Jeanmarie Seabaugh
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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