

L11000 115195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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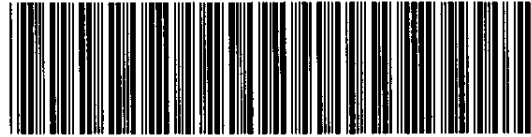
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 MAY - 1 AM 11:00

MAY - 2 2012
T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aidan & Nadia, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000115195

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:

Jeff Kartheiser
Name of Person

Aidan & Nadia, LLC
Name of Firm/Company

171 N Shore Drive
Address

Miami Beach, FL 33141
City/State and Zip Code

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

For further information concerning this matter, please call:

Jeff Kartheiser at (847) 312-0659
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Ryan Kartheiser

Name of Registered Agent

, hereby resigns as

Registered Agent for

Aidan & Nadia, LLC

Name of Limited Liability Company

L11000115195

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Ryan Kartheiser

Typed or Printed Name

President

Capacity

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY - 1 AM 11:00

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