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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 : (302)531-0855

Phone

Fax Number

: (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION FLORIDA PROCESSORS LLC

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OCT 28 2013

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TO: Amendment Section Division of Corporations

COVER LETTER

SUBJECT: FLORIDA PROCESSORS LLC		
(Name of Limited Liability	Company)	
DOCUMENT NUMBER:		
The enclosed Resignation of Registered Agent for a Limited for filling.	Liability Company and fee are submitted	Ł
Please return all correspondence concerning this matter to the	ne following:	
Kelly Casey		
(Name of Person)		
INCORPORATING SERVICES, LTD.		
(Name of Firm/Company)	26	
3500 S. DUPONT HWY	2013 OCT	
(Address)		
DOVER, DE 19901	25	,
(City/State and Zip Code)		
For further information concerning this matter, please call:	<u> </u>	
	## 18	
Kelly Casey at (302 (Area Code	531-0855 & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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Pursuant to the provisions of section 608.410(2) or 608.505, Fiorida 5	statutes, the midersigned,
INCORPORATING SERVICES, LTD.	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for FLORIDA PROCESSORS LLC	
(Name of Limited Liability Company)	,
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited liabi	lity company at its last known address.
The agency is terminated and the office discontinued on the 31st day	
If signing on behalf of an entity:	2013
AMY M. BALKE	7 OC
(Typed or Printed Name)	
ASSISTANT SECRETARY	हुं ज
(Capacity)	7 Am
	37 0
	25 A.
	5. CO

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withdrawn limited liability company

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