1/4000/68700

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



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COVER LETTER

SHINNI HOLDING LLC SUBJECT: Name of Limited Liability Company 614000168700 DOCUMENT NUMBER:____

Registration Section Division of Corporations

TO:

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted

| for filing. | | |
|--|---------------------|--------------------------|
| Please return all correspondence concerning | g this matter to th | ne following: |
| Heidi S. Webb | | |
| Name of Person | . | _ |
| Name of Figure Company | | - |
| Name of Firm/Company | | |
| 140 South Beach Street Suite 310 | | |
| Address | | - |
| Daytona Beach FL 32114 | | |
| City/State and Zip Code | - | - |
| heidisuewebb@yahoo.com | | |
| E-mail address: (to be used for future annual re | eport notification) | - |
| For further information concerning this ma | tter, please call: | |
| Heidi Webb | 38 6 | 257-3332 |
| Name of Person | | 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115. | Florida Statutes, the undersigned, |
|--|---|
| Heidi S. Webb | , hereby resigns as |
| Name of Registered Agent | |
| Shinui Holding LLC Registered Agent for | |
| Name of Limite | d Liability Company |
| L14000168700 | |
| Document Number, if known | _ |
| A copy of this resignation was mailed to the abo | ove listed limited liability company at its last known address. |
| The agency is terminated and the office disconti | inued on the 31st day after the date on which this statemess is filed |
| | iignature of Resigning Agent |
| If signing on behalf of an entity: | PH 2: 49 |
| Турс | ed or Printed Name |
| | Capacity |
| | |

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