

45000095503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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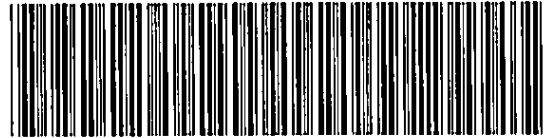
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO SIGN COMPANY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000095503

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:

JON MARSHALL ODEN, ESQ.

Name of Person

WILLIS & ODEN, PL

Name of Firm/Company

2121 S. HIAWASSEE ROAD, SUITE 116

Address

ORLANDO, FL 32835

City/State and Zip Code

joden@willisoden.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JON MARSHALL ODEN, ESQ.

Name of Person

at (407) 903-9939

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

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2011 OCT -9 A.M. 39

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JON MARSHALL ODEN - WILLIS ODEN ATTORNEY, hereby resigns as
Name of Registered Agent

Registered Agent for ORLANDO SIGN COMPANY, LLC

Name of Limited Liability Company

L15000095503

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:

JON MARSHALL ODEN, ESQ.

Typed or Printed Name

REGISTERED AGENT

Capacity

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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