

L18 000 033 675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

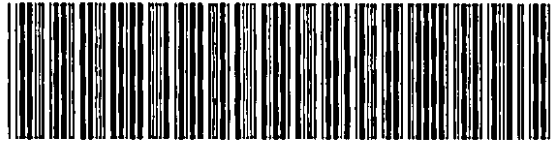
(Business Entity Name)

(Document Number)

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22 SEP - 7 PM 1:49  
DIVISION OF CORPORATIONS  
STATE OF MISSISSIPPI

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CGM Publishing, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000033675

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:

Albert Kelley  
Name of Person  
926 Truman Ave  
Name of Firm/Company  
Address  
Key West FL 33040  
City/State and Zip Code

22 SEP -7 PM 1:49  
FLORIDA  
DIVISION OF CORPORATIONS

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

For further information concerning this matter, please call:

Al Kelley at ( 305 ) 296-0160  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

Albert L. Kelley

hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for CGM Publishing, LLC

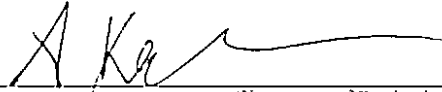
\_\_\_\_\_  
Name of Limited Liability Company

L18000033675

\_\_\_\_\_  
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:

Albert Kelley  
\_\_\_\_\_  
Typed 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**

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS