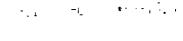
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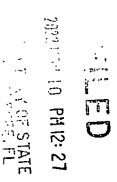
(Req	uestor's Name)	
(Addı	ress)	
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(City)	State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
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(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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COVER LETTER

TOKE CITY LLC Name of Limited Liability Company DOCUMENT NUMBER: 1.20000072938 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: Chelsea Chapman Name of Person Legaline Corporate Services, INC. Name of Firm/Company 10601 Clarence Dr Ste 250 Address Frisco, TX 75033-3867 City/State and Zip Code ra@legalinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the under	rsigned,		
Legalinc Corporate Services, INC.		, hereby resigns as		
Name of Registered Ager		,		
Registered Agent for TOKE CITY LLC	 			
Name of Lim	ited Liability Company		_ ·	
L20000072938				
Document Number, if known				
A copy of this resignation was mailed to the a	bove listed limited liability	company at its last known add	lress.	
The agency is terminated and the office discording to the control of the control	ntinued on the 31st day after Signature of Resigning Agent	the date on which this statem	ent is filed	đ.
If signing on behalf of an entity:				
Chelsea Chapman				
Т	yped or Printed Name			
On Behalf of Legaline	Corporate Services, INC.		:2	
	Capacity			•
FILING O \$ 85.00 O \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dissolved/a-n ty company	110 PM1	

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