L20 000 a 2 3 3 5 4

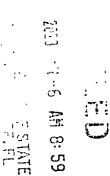
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(2000)		
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COVER LETTER

TO: Registration Section Division of Corporations
YOUR BLINDS DEPOT LLC SUBJECT: Name of Limited Liability Company
DOCUMENT NUMBER: L20000223354
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:
Hicolas Quillous Name of Person
Yow Blinds Sepot, LLC Name of Firm/Company
7058 Taomina Woy Address
City/State and Lip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 837-6951 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Florida Statutes, the t	indersigned,	
INNOVATIVE TAX S	OLUTIONS OF CENTRAL FLORIDA INC	, hereby resigns as	
	Name of Registered Agent	, , notes y to a gine and	
Registered Agent for	YOUR BLINDS DEPOT LLC		
	Name of Limited Liability Company		
L20000223354			
Document	Number, if known		
A copy of this resigna	ition was mailed to the above listed limited liab	ility company at its last known address.	
The agency is termina	Augum Mandure of Resigning Ag	if fach	
If signing on behalf of	f an entity:		
	ARIANNA CARRINGTON-HOOKER	-6	
	Typed or Printed Name		
	PRESIDENT	1300 B	
	Capacity	AH 8: 59	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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