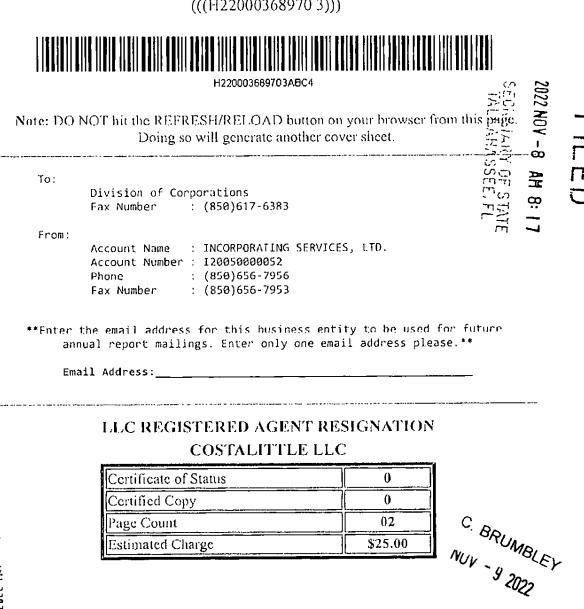
Incorporating Servic

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000368970 3)))



Electronic Filing Menu Corporate Filing Menu

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TO: Registration Section Division of Corporations

Company
Liability Company and fee are submitted
e following:
531-0703 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.011	5, Florida Statutes, the ur	ndersigned,
Incorporating Services, Ltd.			, hereby resigns as
	Vanue of Registered Age		,
Registered Agent for CO	STALITTLE LLC	0	
	Name of Lin	nited Liability Company	······································
L21000327366			
Document Num	ber, if known		
A copy of this resignation	was mailed to the a	above listed limited liabil	lity company at its last known address.
The agency is terminated	and the office disco	ontinued on the 31st day a	after the date on which this statement is filed.
-	Rmar	Signature of Resigning Age	ambault
If signing on behalf of an	entity:		
	Am	anda Archambault	
-	Т	Typed or Printed Name	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	As	sistant Secretary	22
-		Capacity	
	<u>FILING</u> \$ 85.00 \$ 25.00		y company olved/ voluntarily dissolved/