

L92699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

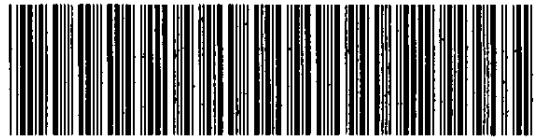
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/08/08--01007--002 **2.50

06/25/08--01022--002 **85.00

FILED
2008 JUL -9 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7.8.08

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[Signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2008

DANIEL S. FRIEBIS
DANIEL S. FRIEBIS & ASSOCIATES
3890 TURTLE CREEK DRIVE, SUIT B
PORT ORANGE, FL 32127

SUBJECT: TOUCAN WILLIE'S, INC.
Ref. Number: L92699

We have received your document for TOUCAN WILLIE'S, INC. and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 008A00038784

RECEIVED
2008 JUL -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Toucan Willie's, Inc.
(Name of Limited Liability Company)

DOCUMENT NUMBER: L92699

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:

Daniel S. Friebis

(Name of Person)

Daniel S. Friebis & Associates

(Name of Firm/Company)

3890 Turtle Creek Dr., Suite B

(Address)

Port Orange, FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Friebis

(Name of Person)

at (386) 788-6057

(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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Daniel S. Friebis

(Name of Registered Agent)

hereby resigns as Registered Agent for Toucan Willies, Inc.

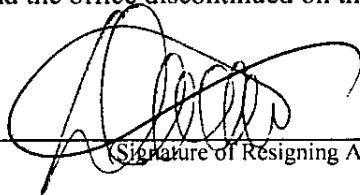
(Name of Corporation)

L92699

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUL -8 AM 8:50

FILED

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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