199000001523

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L				

Office Use Only



100030733001

03/22/04--01005--021 **35.00

O4 APR -9 PM 3: L7

199-1523



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 1, 2004

ANDREW HELLINGER 200 SOUTH BISCAYNE BLVD., SUITE 3000 MIAMI, FL 33131

SUBJECT: FLORIDA FOOD DISTRIBUTORS, L.L.C.

Ref. Number: L99000001523

We have received your document for FLORIDA FOOD DISTRIBUTORS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 204A00021303

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations			
SUBJE	ECT: Florida Food Distribu	itors, LLC		
		(Name of Corporat	ion)	-
DOCU	MENT NUMBER: L9900	0001523		
The en	closed Resignation of Registe	ered Agent for a Corpor	ation and fee are submitted for fil	ing.
Please	return all correspondence cor	cerning this matter to the	ne following:	
Andre	ew B. Hellinger, Esq.			,
	(Name of Perso	on)	-	
Melar	nd Russin Hellinger & Bud	wick, P.A.		
	(Name of Firm/Cor	npany)	-	
200 S	South Biscayne Blvd., Suite	3000		
	(Address)		-	, mr.
Miam	i, Florida 33131			
	(City/State and Zip	Code)	-	
For fur	ther information concerning t	his matter, please call:		
Andre	w B. Hellinger, Esq.	at (305	358-6363	j.
	(Name of Person)	•	& Daytime Telephone Number)	9
Enclose or \$35.	ed is a check made payable to 00 for an administratively dis	the Florida Departmen solved, voluntarily diss	t of State for \$87.50 for an active olved or withdrawn corporation.	corporation And
Amend Division P.O. Bo	g Address: ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address: Amendment Section Division of Corporatio 409 E. Gaines Street Tallahassee, FL 32399		OF STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	
Andrew B. Hellinger, hereby resigns as (Name of Registered Agent)	
Registered Agent for Florida Foods Distributors, LLC	
(Name of Limited Liability Company)	
<u>L9900001523</u> (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 (Signature of Resigning Agent)	filed.
If signing on behalf of an entity: (Typed or Printed Name)	SECRE
•	
(Capacity)	OF STATE

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