(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
•	•	•
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	•	•
Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

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CT CORPORATION SYSTEM

March 31, 2003

T. DOM.)
L. DOM.)
R. DOM.)
R. DOM.

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are _____ thecks in the amount of \$100.00__ each to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

TA/hm Enclosure

111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

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,							
C T CORPORATION	SYSTEM (Name of Registered Agent)	, here	by resigns as				
Registered Agent for	FLORIDA BIOLOGICALS, L.L.C. (FL. DOM.)	(L990000043	53)			
	(Name of Limited Liability Company))			 ,		
A copy of this resignation	n was mailed to the above listed limited li	iability compa	my at its last k	ngyn addre	8 S .		
The agency is terminated is filed.	d and the office discontinued on the 31st	day after the	date on which	this statem			
	(Signature of resigning agen	nt)		-9 AM			
If signing on behalf of an	//	••,	r er er	D: 16			
(C T CORPORATION SYSTEM - TH (Typed or printed name)	ERESA AL	FIERI T	.	•		
	ASSISTANT SECRETA (Capacity)	ARY					

<u>FILING FEES:</u>

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

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

INH\$17(10/99)