## M01000002349

(Re	questor's Name)				
(Ad	dress)				
• (Ad	ldress)				
. (Cit	ty/State/Zip/Phon	e #)			
. PICK-UP	☐ WAIT	MAIL			
· (Bu	isiness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
		·			





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05/08/09--01036--013 \*\*100.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAY 1 1 2009

**EXAMINER** 



111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

May 4, 2009

RE:	CG RAVEN, LLC	(FL. DOM.)
	CRESTVIEW REALTY VENTURE LLC	(MI. DOM.)
	EKKO MOON II, LLC	(FL. DOM.)
	FIREDOOR, LLC	(OH. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of 100.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

## Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.41	6(2) or 608.509, Florid	a Statutes, the undersigned,		
C T CORPORATION	N SYSTEM	, hereby resigns as			
· · · · · · · · · · · · · · · · · · ·	(Name of Registered A	gent)	,,,		
Registered Agent for _	FIREDOOR, LLC	(OH. DOM.)		<del></del>	
	(Name of I	Limited Liability Company)		······································	
M0100000234	9				
(Document Nu	mber, if known)	<del> </del>			
A copy of this resignat	tion was mailed to the	e above listed limited lia	ability company at its last known a	ddress.	
If signing on behalf of	an entity:	gnature of Resigning Agent)			טוע
	C T CORPORA	ΓΙΟΝ SYSTEM - Then	esa Alfieri	09 MAY	1300
	ASS	(Typed or Printed Name) SISTANT SECRETAR	<u>Y</u>	8- A	RETAR OF C
	nv	(Capacity)		PH 2: 04	ORPORATIONS
	\$ 85.00 \$ 25.00	G FEES: Active limited liab Administratively d withdrawn limited	ility company issolved/ voluntarily dissolved/ I liability company		

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