

M020000001267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

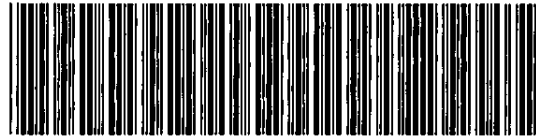
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA Resign
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05/14/07--01053--006 **50.00

FILED
2007 MAY 14 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CT

a Wolters Kluwer business

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New York, NY 10011

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May 4, 2007

RE: COMPENSATION AND BENEFITS CONSULTING SERVICES, LLC
(DE.DOM.)
SNACKWORKS, LLC (CA.DOM.)

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

Dear Sir or Madam:

We enclose resignations executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1 check in the amount of \$50.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary
TA/lk
Enclosure

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)

Registered Agent for

SNACKWORKS, LLC

(CA.DOM.)

(Name of Limited Liability Company)

M02000001267

(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 filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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SECRETARY OF STATE