## M020000303

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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Special Instructions to	Filing Officer:	
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MOD 3538

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

January 29, 2007

RE: SOUTHERN NAVIGATION I LLC

(DE. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is  $\underline{1}$  check in the amount of  $\underline{5.00}$  to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copyof the letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florid	la Statutes, the undersigned,		
C T CORPORATIO	ON SYSTEM	, hereby resigns as		
	(Name of Registered Agent)	, nesety resigns as		
Registered Agent for	SOUTHERN NAVIGATION I LLC	(DE. DOM.)		
	(Name of Limited Liability Company)			
M0	2000003038			
(Document No	umber, if known)			
	tion was mailed to the above listed limited li			
The agency is termina	tted and the office discontinued on the 31st d	ay after the date on which this	statement is filed.	
	(Signature of Resigning Agent	)	07 FEB -2 SECRETAR TALLAHASS	<u></u>
If signing on behalf of	fan entity:		Д~	
	C T CORPORATION SYSTEM - Ther	esa Alfieri	SS = 20 = 1	U
	(Typed or Printed Name) ASSISTANT SECRETAR	Y	AM II: 09 OF STATE FLORIDA	
	(Capacity)			

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\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Florid	da Statutes, the undersigned,	
C T CORPORATIO	CORPORATION SYSTEM, hereby resigns as		
(Name of Registered Agent)		,,,, 5	
Registered Agent for	SOUTHERN NAVIGATION I LLC	(DE. DOM.)	<del></del>
	(Name of Limited Liability Company	)	
M02	2000003038		
(Document Nu	umber, if known)		
A copy of this resigna	tion was mailed to the above listed limited l	iability company at its last known a	address.
The agency is termina	ted and the office discontinued on the 31st of (Signature of Resigning Agen	TALL AH	07 FEB -
If signing on behalf of			, 1-4
	C T CORPORATION SYSTEM - The	resa Allieri	] =
	(Typed or Printed Name) ASSISTANT SECRETA	RY ₹	AH 11: 09
	(Capacity)		

**FILING FEES:** 

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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P.O. Box 6327
Tallahassee, FL 32314