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SECRETARY OF STATE
ALGREDA

J. BRYAN JAN 1 1 2009 EXAMINER

# **COVER LETTER**

SUBJECT:	TERRAPII	N PE	NSAC	COLA	A LL	С			
	Name of I	Limite	d Liabili	ty Con	npany				
DOCUMENT NUMBER:	M03000002283								
The enclosed Resignation of Refor filing.	egistered Age	nt for	a Limit	ed Lia	bility	Company a	nd fee are	submi	tted
Please return all correspondence	e concerning	this m	atter to	the fo	llowi	ing:			
Mary E.	Fink								
Name of	Person								
National Corporate R		D, Ind	<b>)</b> .				∓s	=	
Name of Firm	/Company						ECRE	) JAI	
615 S. Dupor	nt Highway			_			HASS	JAN-8	
Addre	SS						333 70 70	72	m
Dover, DE							FLO	PH 2: 15	C
City/State and	i Zip Code						RIDA	5	ı
mfink@nation E-mail address: (to be used for the	alcorp.com		· /• · · ·	_					
E-mail address: (to be used for t	uture annual rep	ort not	itication	)					
For further information concern	ing this matte	er, ple	ase call	:					
Mary E. Fink		at (	800	)		483-1140			
Name of Person			Area Co	ie & D	avtim	e Telephone N	Number		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### **MAILING ADDRESS:**

TO:

Amendment Section
Division of Corporations

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

# STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of	section 608.416(2) or 608.509, Florida Statutes, the unde	rsigned,
	orate Research, LTD, Inc. , hereby resi	gns as
Registered Agent for	TERRAPIN PENSACOLA LLC	
	Name of Limited Liability Company	•
M03000002	2283	
Document Number,	if known	
-	s mailed to the above listed limited liability company at i	
The agency is terminated and	the office discontinued on the 31st day after the date on Signature of Resigning Agent	which this statement is filed.
If signing on behalf of an enti		SE SAL
	Wayne Rafanelli	CRET AN T
<del></del>	Typed or Printed Name	N A A A
	Vice-President, NCR, LTD., Inc.	SSE &
	Capacity	PN 2: II

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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