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(Requestor's Name)					
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FILEU SERVICE SERVICE

CT CORPORATION

June 8, 2005

RE: LORIN & SON, L.L.C. (NV.DOLM.)

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

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in amount of \$25.00 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

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 provision	ns of section 608.41	16(2) or 608.509, Florida S	Statutes, the undersigne	d,
C T CORPORATION	SYSTEM	, hereby resigns as	THE ST	
(Name of Registered Agent)			, 1.0.00 / 1.00 / 2.00	三年 宣
Registered Agent for				1 5 F
LORIN &	SON, L.L.C.	(NV.DOM.)		
	(Name of I	Limited Liability Company)		F 6
M0300000388	30	e a compression of the control of th		स्ति स
(Document Numb	oer, if known)		* ** · · · · · · · · · · · · · · · · ·	
A copy of this resignatio	n was mailed to the	e above listed limited liabi	lity company at its last	known address.
The agency is terminated	l and the office disc	continued on the 31st day	after the date on which	this statement is filed.
) (Sig	gnature of Resigning Agent)		
If signing on behalf of an	n entity:			
	C T CORPORAT	TION SYSTEM - Theresa	ı Alfieri	
		(Typed or Printed Name) SISTANT 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withdrawn limited liability company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