## n03000004

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

(Name of Limited Liability Company)  DOCUMENT NUMBER:  M03000004217  The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  ANDREW AXELROD  (Name of Person)  YOUR EYE IN THE SKY  (Name of Firm/Company)  6445 S. CHICKASAW TRAIL  (Address)  ORLANDO, FL 32829  (City/State and Zip Code)  For further information concerning this matter, please call:  ANDREW AXELROD  at (407 ) 454-1413  (Name of Person)  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:  Amendment Section  STREET ADDRESS:  Amendment Section	YOUR EYE IN THE SKY, LLC			
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	MAILING ADDRESS:	STREET ADDRESS:		
Distriction of Clause and Constant	Amendment Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416	(2) or 608.509, Florida	Statutes, the undersigned	∌d,
ANDREW AXELROI	)		, hereby resigns as	š
	(Name of Registered Age	ent)	<u> </u>	
Registered Agent for	OUR EYE IN THE	E SKY LLC		
	(Name of Li	mited Liability Company)		
M03000004217				•
(Document Number	r, if known)	<del></del>		
A copy of this resignation	was mailed to the a	above listed limited liab	oility company at its last	known address.
The agency is terminated	and the office disco	ntinued on the 31st day (Signature of Resigning A	2	this statement is filed.
If signing on behalf of an	entity:			
	(	Typed or Printed Name)		OT JU
		(Capacity)		L-9 PM 4: 22
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabili Administratively dis withdrawn limited l	ity company solved/ voluntarily diss iability company	

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