M04000001013

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies <u>Forms</u> Certificates of Status <u>Certificates</u>		
Special Instructions to Filing Officer:		

Office Use Only



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.09 SEP 29 PM 2: 33

SECRETARY OF STATE
PALL AHASSEE, FLORID.

D. BRUCE

SEP 3 0 2009

EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Sta	atutes, the undersigned,	
C T CORPORATION SYSTEM		, hereby resigns as	
	(Name of Registered Agent)		
Registered Agent for	SOUTHEAST CRUISE HOLDINGS, LLC.	(DE. DOM.)	
	(Name of Limited Liability Company)	,	
M040	00001013		
(Document Nu	umber, if known)		
A copy of this resigna	tion was mailed to the above listed limited liability	ty company at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day at	fter the date on which this statement is filed.	
	May	, many	
	(Signature of Resigning Agent)	09 ALL ALL	
If signing on behalf of	an entity:	AF SE	
	C T CORPORATION SYSTEM - Theresa	SEP 29 Alfieri Alfieri	
	(Typed or Printed Name) ASSISTANT SECRETARY	The B I	
	(Capacity)	D STATE ORIDA	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Taliahassee, FL 32314