

M040000001911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

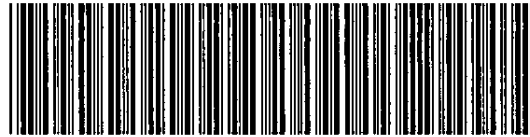
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

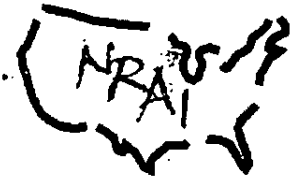


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FILED
2013 OCT 18 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. OCT 18 2013



October 4, 2013

RE: EAST END COMPANY, L.L.C. (GA. DOM.)

*Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301*

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporation. In lieu of a check we are sending your letter of Sept. 27. Please apply this to the attached resignation.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Theresa Alfieri

*Theresa Alfieri
Senior Supervisor &
Assistant Secretary
(212)894-8516*

*TA/hm
Enclosure*

National Registered Agents, Inc.

111 Eighth Avenue 13th Floor New York, NY 10011

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

NRAI SERVICES, INC.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for EAST END COMPANY, L.L.C. (GA. DOM.)

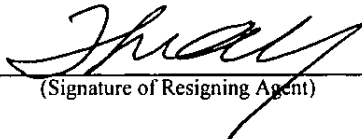
(Name of Limited Liability Company)

M04000001911

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

NRAI SERVICES, INC. - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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