

1104000002493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

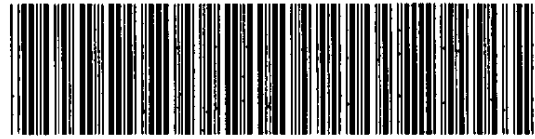
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200131063882

06/10/08--01010--005 **25.00

FILED
2008 JUN 10 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
JUN 11 2008
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crescent Title Agency of Florida LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M04000002493

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:

H.B. Stivers, Esq.
(Name of Person)

Levine & Stivers LLC
(Name of Firm/Company)

245 East Virginia Street
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

H.B. Stivers, Esq. at (850) 222-6580
(Name of Person) (Area Code & Daytime Telephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

2008 JUN 10 AM 10: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

SEARCHED..... INDEXED.....
SERIALIZED..... FILED.....

JUN 10 2008
TALLAHASSEE, FL

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,

H.B. Stivers, Esq.
_____, hereby resigns as
(Name of Registered Agent)

Registered Agent for **Crescent Title Agency of Florida LLC**

(Name of Limited Liability Company)

M04000002493

(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:

(Typed or Printed Name)

(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**

FILED
2009 JUN 10 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA