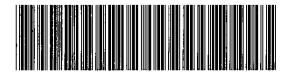


(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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JULYO 2011

EXAMINER

COVER LETTER

SUBJECT: CORMINE LLC (VA. DOM.) Name of Limited Liability Company			
DOCUMENT NUMBER:	M04000002528		
The enclosed Resignation of Registered Agent for filing.	for a Limited Liability Company and fee are submitted		
Please return all correspondence concerning th	is matter to the following:		
THERESA ALFIERI Name of Person			
CT CORPORATION SSYTEM Name of Firm/Company			
111 EIGHTH AVE			
NEW YORK, NY 10011 City/State and Zip Code			
E-mail address: (to be used for future annual reportion further information concerning this matter,			

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

TO:

Amendment Section Division of Corporations

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

Area Code & Daytime Telephone Number



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,			
C T CORPORATIO	N SYSTEM	hereby resigns as	
	(Name of Registered Agent)	nervoy resigns as	
Registered Agent for	CORMINE LLC. (VA. DOM.)		
	(Name of Limited Liability Company)	,	
M040	00002528		
(Document Number, if known)			
-	tion was mailed to the above listed limited liability of	•	
The agency is termina	(Signature Signsing Agent)	the date on which this statement is filed.	
If signing on behalf of	an entity:		
	C T CORPORATION SYSTEM - Theresa Alf	ieri	
	(Typed or Printed Name) ASSISTANT SECRETARY		
	(Capacity)		

FILING FEES: \$ 85.00 Active

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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