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To:

Division of Corporations

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From:

: INCORPORATING SERVICES FL Account Name

Account Number: I20050000052 Phone

: (302)531-0855 : (850) 656~7953

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## LLC REGISTERED AGENT RESIGNATION TOLLEFSON LAND HOLDINGS, LLC

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Incorporating Services, LTD.

No. 6857 P. 2/3

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## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: TOLLEFSON LAND HOLDINGS	
(Name of Limite	ted Liability Company)
DOCUMENT NUMBER: M04000004063	
The enclosed Resignation of Registered Agent for for filing.	or a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	matter to the following:
TUNISHA SCOTT	
(Name of Person)	
INCORPORATING SERVICES, LTD.	
(Name of Firm/Company)	
3500 S DUPONT HIGHWAY	
(Address)	
DOVER, DELAWARE 19901	
(City/State and Zip Code)	
For further information concerning this matter, ple	lease call:
7: 1:10:11 00077	200 CO4 DOCE

TUNISHA SCOTT at ( 302 ) 531-0855
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 409 E. Gaines Street Tallahassee, FL 32399

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Noy. 4. 2010 6:38PM

Incorporating Services, LTD.

No. 6857 P. 3/3

H10000240268 3

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Stat	tutes, the undersigned,	
INCORPORATION	IG SERVICES, LTD.	_, hareby resigns as	
	(Name of Registered Agent)	-, 1100 a by 100 (E) 100 a	
Registered Agent for	TOLLEFSON LAND HOLDINGS, LLC		
	(Name of Limited Liability Company)		
M04000004063			
(Document Ni	mber, if known)		
A copy of this resigns	tion was mailed to the above listed limited liability	company at its last known address.	
The agency is termina	ned and the office discounting on the 31st day aft	er the date on which this statement is	filed.
If signing on behalf of	, ,		<b>** * * * * * * * * *</b>
	CANDICE B. SWETLAND		THE REPORT OF THE PERSON OF TH
	(Typed or Printed Name) ASSISTANT SECRETARY		-8
	(Capacity)		PA SI
			55

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

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