M04000004403

(Requ	uestor's Name)
(Addr	ess)
(Addr	000)
(Addi-	eas)
(City/s	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busii	ness Entity Name)
/Deer	ıment Number)
(1000)	iment Namber)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer
	5X,
1/	

Office Use Only



400063488884

1006 JAN 18 AM 10: 06

RECEIVED

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371; FAX: (866) 860-8395

TO THE STORY OF

DATE:

01-18-06

NAME:

C.H. ADVANTAGE, LLC

TYPE OF FILING: RESIGNATION OF REGISTERED AGENT

COST:

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section Division of Corporations	A THE SECRET
SUBJECT: C.H. ADVANTAGE, LLC	6
(Name of Corpor	ration)
DOCUMENT NUMBER: M04000004403	
The enclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
ABBIE P. HODGE	
(Name of Person)	
FLORIDA FILING & SEARCH SERVICES, INC.	
(Name of Firm/Company)	
1333 N. DUVAL STREET	
(Address)	
TALLAHASSEE, FL 32303	
(City/State and Zip Code)	- · · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call	l :
(Name of Person) at (850 (Area Cod) 668-4318 de & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

TO THE PROPERTY OF THE PARTY OF Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, FLORIDA FILING & SEARCH SERVICES, INC. Florida Statutes, the undersigned, (Name of Registered Agent) hereby resigns as Registered Agent for C.H. ADVANTAGE, LLC (Name of Corporation) M04000004403 (Document Number, if known) A copy of this resignation was mailed to the above listed corporation 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. If signing on behalf of an entity: ABBIE P. HODGE (Typed or Printed Name) VICE PRESIDENT (Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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