## M05000001789

(Re	equestor's Name)		
(Ad	ldress)	<u>, , , , , , , , , , , , , , , , , , , </u>	
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(Cid	ty/State/Zip/Phone	<del>= #)</del>	
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RA Res.

cm

CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

March 2, 2007

RE: GULF ATLANTIC OPERATIONS, LLC (TX. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount of \$ 85.00 to cover the required filing fee.

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

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:If the constitution of the constitution of

प्रकारत च प्रतिक्र प्रकार

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida	Statutes, the undersigned,	
C T CORPORATION SYSTEM		, hereby resigns as	
	(Name of Registered Agent)	<u> </u>	
Registered Agent for	GULF ATLANTIC OPERATIONS, LLC	(TX. DOM.)	
	(Name of Limited Liability Company)	,	
M05000	001789		
(Document Nu	imber, if known)		
	tion was mailed to the above listed limited liab		
	(Signature of Resigning Agent)		
If signing on behalf of	San entity:	SE SE	
C T CORPORATION SYSTEM - Theresa		a Alfieri	
(Typed or Printed Name) ASSISTANT SECRETARY		R-8	
	(Capacity)	OF STATE PLORIDA	

Make checks payable to Florida Department of State and mail to:
Division of Corporations

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314