(Requestor's Name)	
(Address)	300161814
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	11/30/0901002
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	•
L. SELLERS	
DEC - 1 2009	

EXAMINER

Office Use Only



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FIND

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida S	tatutes, the undersigned,
C T CORPORATION SYSTEM		, hereby resigns as
	(Name of Registered Agent)	
Registered Agent for	WRIGHT, SCOTT & ASSOCIATES, LLC.	(MD. DOM.)
	(Name of Limited Liability Company)	
N	105000005873	
(Document Nu	umber, if known)	
	tion was mailed to the above listed limited liabil	
The agency is termina	ted and the office discontinued on the 31st day a	itter the date on which this statement is filed.
If signing on behalf of	fan entity:	
	C T CORPORATION SYSTEM - Theresa	Alfieri
	(Typed or Printed Name) ASSISTANT SECRETARY	
	(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withdrawn limited liability company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