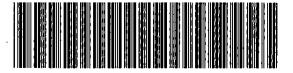
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2009 JAN 12 PH 3: 25

C. LEWIS

JAN 1 3 2009

EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.5	09, Florida Statutes,	the undersigned,	
C T CORPORATION SYSTEM			, hereby resigns as	
	(Name of Registered Agent)	, , , , , , , , , , , , , , , , , , , ,		
Registered Agent for	AGIT FINANCIAL, LLC (GA	DOM.)		
	(Name of Limited Liability	Company)	<u> </u>	_
M06000001138	3			
(Document No	umber, if known)			
A copy of this resigna	tion was mailed to the above listed	limited liability com	pany at its last known address	S.
The agency is termina	ated and the office discontinued on	he 31st day after the	date on which this statement	is filed.
	(Signature of Resp	ning Agent)	ZIUS JAN	one of the contract of the con
If signing on behalf or	f an entity:		A PARTIES AND A	
	C T CORPORATION SYSTE	M - Theresa Alfieri		5 F
	(Typed or Print ASSISTANT SE			
	(Capacity)			بي بي

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\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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