Oct. 24. 2008-10:11AMps

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000242725 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : AFNOLD MATHEMY & EAGAN, P.A.

Account Number : I20000000141 : (407)841-1550 Phone

Fax Number

: (407)420~1829

## REGISTERED AGENT RESIGNATION

## RUBBISH RANGERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

D. BRUCE

OCT 27 2008

**EXAMINER** 

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Amendment Section Division of Corporations

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## COVER LETTER

SUBJECT: Rubbish Rangers LLC		
(Name of	Limited Liabili	ty Company)
DOCUMENT NUMBER: M06000004	927	
The enclosed Resignation of Registered Age for filing.	ent for a Limit	ed Liability Company and fee are submitted
Please return all correspondence concerning	this matter to	the following:
Cecie Catron		
(Name of Person)		_
Amold, Matheny & Eagan, PA		
605 E. Robinson St., Suite 730		_
(Address)		
Orlando, FL 32801-2007		
(City/State and Zip Code)		_
For fluther information concerning this matte	er, please call:	
Cecie Catron	at ( 407	841-1550 ext. 219 de & Daytime Telephone Number)
(Name of Person)	(Area Co	de & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Comorations P.O. Box 6327 Tallahassec, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2561 Executive Center Circle Tallahassee, FL 32301

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

AM&E Services LLC	, hereby resigns as
(Name of Registered Agent)	, , , , , , , , , , , , , , , , , , , ,
Registered Agent for Rubbish Rangers LLC	
(Name of Limited Liability Co.	прапу)
M06000004927	
(Document Number, if known)	·
The agency is terminated and the office discontinued on the	lst day after the date on which this statement is filed.
(Signature of Res	igning Agent)
If signing on behalf of an entity:	
Arthur R. Louv	
(Typed or Printed N	Ame)
President	
(Capacity)	

Active limited liability company
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 Tullahassoe, FL 32314