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(City/State/Zip/Phone #)			
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J. SAULSBERRY EXAMINER JUN 7 2011

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: 360 PROJECT M Name of Limite	IANAGEMENT LLC ed Liability Company
DOCUMENT NUMBER:	M08000000796
The enclosed Resignation of Registered Agent for filing.	r a Limited Liability Company and fee are submitted
Please return all correspondence concerning this r	natter to the following:
Crystal Temple Name of Person	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	7A 2
2360 Corporate Circle, Suite 400	2011 JUN -6 SECRETARY ALLIAHASSE
Address	AS AS
Henderson, NV 89074-7722	
City/State and Zip Code	PH 1:4
E-mail address: (to be used for future annual report no	
For further information concerning this matter, ple	ease call:
Crystal Temple on behalf of Incorp Services, Inc. at (702) 866-2500 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively limited liability company.	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509	, Florida Statutes, the undersigned,	
ir			
	Name of Registered Agent	, hereby resigns as	
Registered Agent for	360 PROJEC	T MANAGEMENT LLC	
	Name of Limited Liability Co	mpany	······································
M08000	000796		
Document Nun	nber, if known		
A copy of this resignation	was mailed to the above listed lin	nited liability company at its last knowr	ı address.
The agency is terminated	and the office discontinued on the	31st day after the date on which this sta	atement is filed.
-	By Jenny J. Al Signature of Re	signing Agent	
If signing on behalf of an	entity:		
-	Tennie Sedla		FIL 2011 JUN -6 SECRETARY ALLIAHASSEE
	Typed or Printed N	ame	翌 夏 可
-	C.O.O. Capacity		SSE SSE
	Capacity		
			PH 1:4
	FILING FEES: \$ 85.00 Active limit \$ 25.00 Administrat	ed liability company ively dissolved/voluntarily dissolved/	-

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509	9, Florida Statutes, the undersigned	,
<u> </u>	ncorp Services, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	360 PROJEC	T MANAGEMENT LLC	
	Name of Limited Liability Co	ompany	,
	0000796		
Document Nui	mber, if known		
A copy of this resignation	n was mailed to the above listed lin	mited liability company at its last k	nown address.
The agency is terminated	and the office discontinued on the	e 31st day after the date on which t	his statement is filed.
	By Jenny Je 1. Signature of R	esigning Agent	
If signing on behalf of an	entity:		يسل
	Tennie Sedla Typed or Printed N		2011 JUN -6 SEGRETARY ALLAHASSER
	C.O.O.		
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	FILING FEES:		P (-
	\$ 85.00 Active limi \$ 25.00 Administra withdrawn	ted liability company tively dissolved/ voluntarily disso limited liability company	lved/

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Tallahassee, FL 32314