

1498000001227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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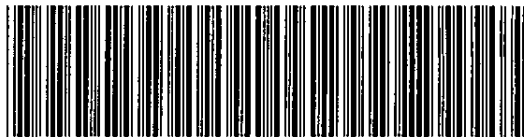
(Business Entity Name)

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DIVISION SECRETARY
FULTON

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G. MCLEOD

JAN 23 2008

EXAMINER

Fallace & Larkin, L.C.

Attorneys at Law

Jesse L. Kabaservice

e-mail: jesse@fallace.com

www.fallace.com



1900 S. Hickory St. Ste. A

Melbourne, Florida 32901

tel.: 321-951-9900

November 9, 2007

VIA CERTIFIED MAIL NUMBER 7005 3110 0002 7178 7991

Amendment Section

Division of Corporations

P. O. Box 6327

Tallahassee, Florida 32314

Re: Jeffery Hooker, Registered Agent for Intelligent Machine Concepts LLC
Our File Number: 07-16070

Dear Sir or Madam:

Pursuant to §607.0502, Fla. Stat., I am enclosing the original and two copies of the Resignation of Registered Agent for Florida Profit corporation and related transmittal letter with regard to the above-referenced entity for filing. Also enclosed is our firm's check in the amount of \$35.00 as well as a self-addressed stamped envelope for your convenience for return of the confirmation paperwork. Pursuant to §607.0502(2) I hereby certify that I have mailed a copy of the enclosed Resignation of Registered Agent to Intelligent Machine Concepts, LLC.

If you have any questions, please do not hesitate to contact me at your earliest convenience.

Sincerely,

FALLACE & LARKIN, L.C.



Jesse L. Kabaservice

JLK:cas

Enclosures

cc: client

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,

Jeffery A. Hooker, hereby resigns as
(Name of Registered Agent)

Registered Agent for Intelligent Machine Concepts, L.L.C.

(Name of Limited Liability Company)

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(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Jeffery A. Hooker
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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

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DIVISION
SECRETARY
FILED