P03000051704

(Requestor's Name)		
•		
(Address)		
(Address)		
,		
(City/Chats/Tip/Dhays 40)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Coomission Limity), (Limits)		
(Document Number)		
Certified Copies Certificates of Status		
Cassial Instructions to Filips Officer		
Special Instructions to Filing Officer:		

Office Use Only



700113152267

12/17/07--01023--002 **35.00





COVER LETTER

10:	Division of Corporations		
SUBJ	ECT: Little Cinemas, Inc		
(Name of Corporation) DOCUMENT NUMBER: P03000051704			
Please	e return all correspondence concerning this matter to the following:		
	(Name of Person)		
Little	e Cinemas, Inc.		
	(Name of Firm/Company)		
781	5 N Dale Mabry Ave, Ste 210		
	(Address)		
Tam	pa FL 33614		
	(City/State and Zip Code)		
For fu	rther information concerning this matter, please call:		
Step	hen A. Koch at (813) 272-1259		
 -	(Name of Person) (Area Code & Daytime Telephone Number)		

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Stephen A. Koch of Koch & Associates, PA (Name of Registered Agent)
hereby resigns as Registered Agent f	Little Cinemas, Inc. (Name of Corporation)
P03000051704	
(Document Number, if known)	
A copy of this resignation was maile	d to the above listed corporation at its last known address.
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the date on which
The	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Stop	(Typed or Printed Name)
<i>O</i> i	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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