Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: INCORPORATING SERVICES FL Account Name

Account Number: I20050000052 : (302)531-0855 Phone Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

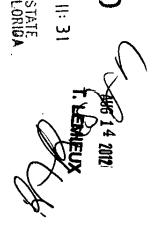
REGISTERED AGENT RESIGNATION LANDMARK OIL & GAS, INC.

Certificate of Status	0
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Estimated Charge	\$87.50

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: LANDMARK OIL & GAS, INC.	
	(Name of Corporat	ion)
DOC	JMENT NUMBER: P11000081012	
The en	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the	he following:
EDIE	WHITEBREAD	
	(Name of Person)	-
INC	ORPORATING SERVICES, LTD.	
	(Name of Firm/Company)	•
3500	S. DUPONT HWY.	
	(Address)	-
DOV	'ER, DE 19901	
	(City/State and Zip Code)	-
For fu	rther information concerning this matter, please call:	
EDIE	WHITEBREAD at (800	346-4646 & Daytime Telephone Number)
	(Name of Person) (Area Code	& Daytime Telephone Number)

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, INCORPORATING SERVICES LTD. (Name of Registered Agent)
hereby resigns as Registered Agent for LANDMARK OIL & GAS, INC. (Name of Corporation)
P11000081012
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.
(Signature of Resigning Agent) If signing on behalf of an entity:
CANDICE B. SWETLAND
(Typed or Printed Name)
ASSISTANT SECRETARY
(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