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D. BRUCE

JUN 28 2012

EXAMINER

COVER LETTER

SUBJECT:	Peacock Dev	elopment	t, LLC				
DOCUMENT NUMBER:		0400002					
The enclosed Resignation of R for filing.	egistered Agent for	a Limited L	iability C	ompany and	fee are	subm	itted
Please return all correspondence	ce concerning this m	atter to the	following	:			
Santiago Name of	√anegas Person						
Name of Firm	n/Company				Aco	<u>-</u> ـــه	
1701 SW 2nd						ਲ ⊒	
Addr	ess				HAS.	JUN 25	1000
Miami, FL	. 33129				338		
City/State an	d Zip Code				FE (5)	PH 189:	Č
svanegas@hab	itatmiami.com				TONDOTE STATES	<u>යා</u>	
svanegas@hab E-mail address: (to be used for	future annual report not	ification)			A		
For further information concer	ning this matter, ple	ase call:					
Santiago Vanega Name of Person	at (305 Area Code &	8 Daytime	59-7745 Celephone Nun	nber		
Enclosed is a check made paya liability company or \$25.00 fo limited liability company.	ble to the Florida D r an administratively	epartment of dissolved,	of State fo voluntari	r \$85.00 for a ly dissolved o	n active or witho	e limi Irawn	i ted

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 608.416(2)	or 608.509, Florida Statutes, the	undersigned,			
н	ernando A Carrillo P.	A hereby	resigns as			
	Name of Registered Agent	,,	Tobigito (a)			
Registered Agent for	F	Peacock Development, LL	<u> </u>			
	Name of Limited	Liability Company			<u></u> ,	,
L0400	0029463					
Document No	umber, if known	_				
A copy of this resignation	on was mailed to the abov	e listed limited liability compan	y at its last kno	wn add	ress.	
The agency is terminate	Sig	ued on the 31st day after the dat	e on which this	stateme	ent is	filed.
	Hernand	do A Carrillo PA				
	Турес	l or Printed Name				
	·	President				
	(Capacity				
	FILING FE \$ 85.00 A \$ 25.00 A	ES: ctive limited liability company dministratively dissolved/ volu vithdrawn limited liability com	ntarily dissolv	SECRETARY OF S	12 JUN 25 PH 12	

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