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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VARNAVAS PLAZA, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: 104000036935
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Peter Makris (Name of Person)
Peter Makris, CPA (Name of Firm/Company)
2110 Drew Street (Address)
Clearwater, FL 33765 (City/State and Zip Code)
For further information concerning this matter, please call:
Peter Makris at (727 ) 446-0000 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INH\$17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.41	6(2) or 608.509, Florida Statutes, the undersigned,
Apostolos Varnavas	, hereby resigns as
(Name of Registered A	gent)
Registered Agent forVarn	avas Plaza, LLC
:	
(Name of I	Limited Liability Company)
L04000036935	
(Document Number, if known)	
A copy of this resignation was mailed to the	above listed limited liability company at its last known address.
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The agency is terminated and the office disc	continued on the 31st day after the date on which this statement is filed
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If signing on behalf of an entity:	
<u>Apostolos V</u>	arnavas (Typed or Printed Name)
j.	( )
Manager_	(Capacity)
FILIN \$ 85.00 \$ 25.00	
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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314