

LOG000121417

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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*Resignation
to RA*

04/12/10--01033--018 **85.00

FILED
2010 APR 12 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
4/14/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VELOUHI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000121417

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:

Aleco Haralambides
Name of Person

Aleco Haralambides, P.A.
Name of Firm/Company

3135 SW 3 AVE
Address

MIAMI, FL 33129
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ilias Papaconstantinou at (1130) 693-7388596
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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 provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Aleco Haralambides

, hereby resigns as

Name of Registered Agent

Registered Agent for

VELOUHI, LLC

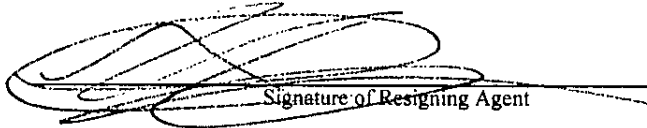
Name of Limited Liability Company

L06000121417

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Aleco Haralambides, P.A.
Typed or Printed Name
President
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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