

LD7000084581

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CHRISTINA M. KITTERMAN, P.A.
Account Number : I20100000015
Phone : (954)533-4431
Fax Number : (954)320-6932

L. SELLERS
JUN -9 2010
EXAMINER

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOVA PRIME, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bova Prime, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Christina M. Kitterman, Esq.
(Contact Person)

Christina M. Kitterman, P.A.
(Firm/Company)

100 S.E. 3rd Avenue, Suite 1300
(Address)

Fort Lauderdale, FL 33394
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina M. Kitterman at (954) 533-4431
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Bova Prime, LLC

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company is: L07000084587

4. I, Anthony Bova hereby resign as a President
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Anthony Bova
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)