

207000084587

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000142805 3)))



H100001428053ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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

Email Address: \_\_\_\_\_

RECEIVED  
10 JUN 17 10 02 AM '10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
BOVA PRIME, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

10 JUN 18 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu Corporate Filing Menu Help

BA Resign  
6/18/10  
K

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bova Prime, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000084587

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:

Christina M. Kitterman, Esq.  
Name of Person

Christina M. Kitterman, P.A.  
Name of Firm/Company

100 SE Third Avenue, Suite 1300  
Address

Fort Lauderdale, FL 33394  
City/State and Zip Code

ckitterman@cmk-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina M. Kitterman at ( 954 ) 533-4431  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Christina M. Kitterman, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for

Bova Prime, LLC

Name of Limited Liability Company

L07000084587

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:

Christina M. Kitterman

Typed or Printed Name

President

Capacity

APPROVED  
FILED  
10 JUN 18 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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