

L08000075502 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

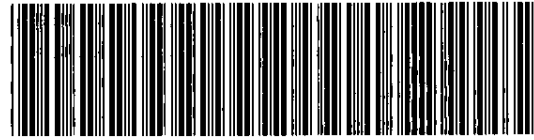
(Business Entity Name)

(Document Number)

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11 DEC 22 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 27 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bove, 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:

Gabriel M. Bove
(Contact Person)

Bove, LLC
(Firm/Company)

354 Royal Tern Road South
(Address)

Ponte Vedra Beach, FL 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Bove at (904) 219-9095
(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

STATE
TALLAHASSEE, FLORIDA
11 DEC 22 PM 2:00
E.P.P.O.



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: Bove, 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:
L08000075502

4. I, Phyllis Bove, hereby resign as a Managing Member
(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.

Signature of Resigning Member, Managing Member or Manager

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

RECEIVED
11 DEC 22 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA