

# L10000043615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

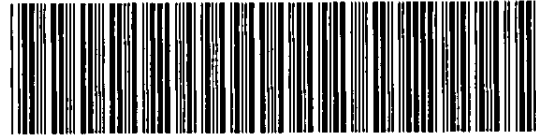
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/12/12--01001--007 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
12 SEP 11 PM 4:13

FILED

T. CLINE  
SEP 12 2012  
EXAMINER

DEPARTMENT OF STATE  
FALLS CHURCH, VIRGINIA

2012 SEP 11 AM 9:13

Capital Connection  
Requester's Name

417 E Virginia Street  
Address

Tallahassee FL 32302  
City/State/Zip Phone # 224-8870

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. 3602 Dovecote Meadow Lane  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

STATE OF FLORIDA  
 SEP 11 AM 9:15  
 FILED

Examiner's Initials

# 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,

Your Capital Connection, Inc., hereby resigns as  
(Name of Registered Agent)

Registered Agent for 3602 DOVECOTE MEADOW LANE, LLC  
(Name of Limited Liability Company)

L1 00000 43615  
(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.

Barbara Neelley  
(Signature of Resigning Agent)

If signing on behalf of an entity:

YOUR CAPITAL CONNECTION, INC  
(Typed or Printed Name)  
Client Rep.  
(Capacity)

### FILING FEES:

~~\$ 85.00~~

\$ 25.00

Active limited liability company

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

RECEIVED  
SEP 11 AM 9:19  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

FILED