# L1000066073

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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ALLAHASSEE FI ORIDA

N. Gungan FEB - 6 2012

### **COVER LETTER**

SUBJECT:	Boggy Creek Villas Name of Limited Liability	LLC		
	Name of Limited Liability	Company		
DOCUMENT NUMBER:	L10000066073			
The enclosed Resignation of Reg for filing.	istered Agent for a Limited	Liability Company and fee are submitted		
Please return all correspondence	concerning this matter to th	e following:		
Julie Ke	an			
Name of Pe	erson			
FYV Consulti				
Name of Firm/O	Company			
P.O. Box 95				
Address	3			
Lake Mary, F City/State and 2	L 32795 Zip Code			
julie@fyv. E-mail address: (to be used for fu	com ure annual report notification)			
For further information concerning	ng this matter, please call:			
Julie kean Name of Person	at ( <u>407</u> Area Code	923-6274 & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

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 Sta	tutes, the undersigne	ed,	
	/ Consulting, I		, hereby resigns as	5	
Registered Agent for					
	Name of Lin	nited Liability Company			,
L1000006  Document Number					
A copy of this resignation w	as mailed to the a	above listed limited liability	y company at its last	known addre	SS.
The agency is terminated an	d the office disco	ntinued on the 31st day aft	er the date on which	this statemen	ıt is filed.
	<i>C</i>	Signature of Resigning Agent		SECICI	12 FFR T
If signing on behalf of an en	tity:	luka IZaan		SSE	ے د
	T	Julie Kean  yped or Printed Name		100 = 100 =	
		President .		STAL LORI	ED: 28
		Capacity		DA C	Ď
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolved withdrawn limited liability.	company ved/voluntarily dis- ility company	solved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314