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COVER LETTER

TO: Amendment Section Division of Corporations	
SHEAVILLE N.V. SUBJECT:	
(Name of Corpora	tion)
DOCUMENT NUMBER: 851686	
The enclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Jeffrey A. Deutch	
(Name of Person)	_
Nelson Mullins Riley & Scarborough LLP	
(Name of Firm/Company)	_
1905 NW Corporate Boulevard, Suite 310	
(Address)	_
Boca Raton, FL 33431	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Jeffrey A. Deutch 561 at (343-6960
(Name of Person) (Area Cod	e & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNA [FOR A CORPORATION
	Ozy A
Pursuant to the provisions of sections	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509
Florida Statutes, the undersigned.	Jeffrey Deutch (Name of Registered Agent)
hereby resigns as Registered Agen	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509. Jeffrey Deutch (Name of Registered Agent) SHEAVILLE N.V.
nercoy resigns as registered rigen	(Name of Corporation)
851686	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the date on which
	My A Deull
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Jeffrey Deutch	
	(Typed or Printed Name)
Partner	
	(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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