

A110W000441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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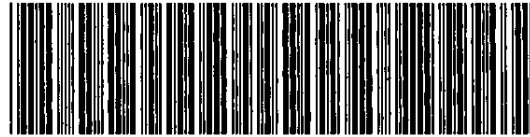
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EXAMINER



300242310913

12/03/12--01018--001 \*\*85.00

FILED  
12 DEC - 3 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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,

Pleiman & Company P.A., hereby resigns as  
Name of Registered Agent

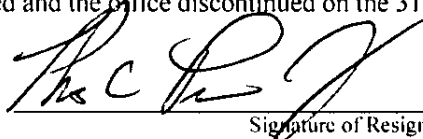
Registered Agent for OREO ASSET Holdings LLP

\_\_\_\_\_  
Name of Limited Liability Company

A11 00000441  
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:

Pleiman & Company PA  
Typed or Printed Name  
President  
Capacity

### 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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED  
12 DEC -3 AM 8:59  
TALLAHASSEE, FLORIDA  
STATE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OREO ASSET Holdings LLLP  
Name of Limited Liability Company

**DOCUMENT NUMBER:** A1100000441

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:

VIPUL Mody  
Name of Person

OREO ASSET Holdings LLLP  
Name of Firm/Company

7557 ARLINGTON Expwy  
Address

JACKSONVILLE FL 32256  
City/State and Zip Code

VIPUL@MODY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIPUL Mody at (613) 738-7688  
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

**FILED**  
12 DEC -3 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA