

LU2000003128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

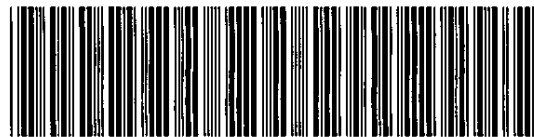
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 31 AM 9:45

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

08 JUL 31

PM 1:25

RECEIVED

B. KOHR

AUG - 1 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 668947 6699A

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ PREPAID

ORDER DATE : July 31, 2008

ORDER TIME : 10:31 AM

ORDER NO. : 668947-005

CUSTOMER NO: 6699A

FILED
08 JUL 31 AM 9:45
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: FLORVEST, L.L.C.

EFFECTIVE DATE:

XX RESIGNATION OF MEMBER

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

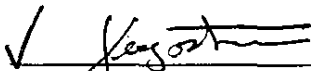
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORVEST, L.L.C.

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L02000003128

4. I, Philippe Dagostino, hereby resign as a 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)

FILED
08 JUL 31 AM 9:45
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DEPARTMENT OF STATE