

L02000027550

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV 23 2015



LAW OFFICES OF

BILL T. SMITH, JR., P.A.

Bill T. Smith, Jr.
Ronda D. Gluck

980 North Federal Highway
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Boca Raton, Florida 33432
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btsmith@bocaattorney.com
rgluck@bocaattorney.com
www.bocaattorney.com

November 13, 2015

Division of Corporations
Department of State
2661 W. Executive Center Circle
Clifton Building
Tallahassee, FL 32301

Via Certified Mail
#7015 1520 0002 3351 2124

Re: OLIVIA, LLC
Document #L02000027550

To Whom It May Concern:

Enclosed, please find the following documents:

1. Check No. 20353 in the amount of \$110.00;
2. Statement of Resignation of Registered Agent for a Limited Liability Company, original plus one (1) copy;
3. Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company, original plus one (1) copy; and
4. Return envelope.

If you have any questions, please contact our office.

Yours truly,

Juel Richter- Assistant to
BILL T. SMITH, JR., ESQ.
RONDA D. GLUCK, ESQ.
Enclosures as stated.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLIVIA LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L02000027550

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:

Bill T. Smith, Jr., Esq.

Name of Person

Bill T. Smith, Jr., P.A.

Name of Firm/Company

980 North Federal Highway, Suite 402

Address

Boca Raton, Florida 33432

City/State and Zip Code

attorneys@bocaattorney.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill T. Smith, Jr.

at (561) 368-5757

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Nancy E. D'Angelo

Name of Registered Agent

Registered Agent for OLIVIA LLC

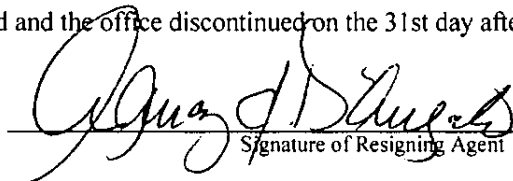
Name of Limited Liability Company

L02000027550

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:

Typed or Printed Name

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

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