

L030000219/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

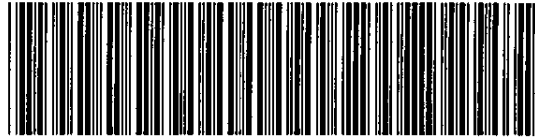
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 JAN 11 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JAN 11 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2007

SANCHIA DEFREITAS FLEMING
DE FREITAS HOME, LLC
7651 SW HWY 200, STE 309
OCALA, FL 33476

SUBJECT: DE FREITAS HOMES, LLC
Ref. Number: L03000021916

We have received your document for DE FREITAS HOMES, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 407A00000317

RECEIVED
07 JAN 11 AM 8:00
DIVISION OF CORPORATIONS

FILED
2007 JAN 11 PM 1:59
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,

Catherine F. Ackerman

(Name of Registered Agent)

, hereby resigns as

Registered Agent for DE FREITAS HOMES, LLC

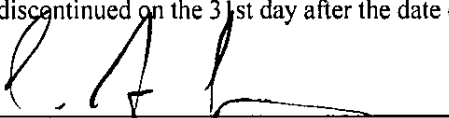
(Name of Limited Liability Company)

LD3000021916

(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