

LO4000006646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Name  
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Document

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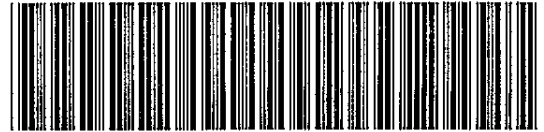
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Acknowledgement DCC

W. P. Verifier DCC



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07/29/04--01043--023 \*\*135.00

SECRETARY OF  
TALLAHASSEE

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**Law Office of I. Michael Tucker, P.L.C.**

100 SunTrust Bank Building  
498 Palm Springs Drive  
Altamonte Springs, Florida 32701

Phone: 407-977-8836  
Fax: 407-977-5252  
Email: [estates@cfl.rr.com](mailto:estates@cfl.rr.com)

July 26, 2004

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

**SUBJECT:** ESTELLA HOLDINGS, LLC

**DOCUMENT NUMBER:** L04000006646

Enclosed are the following documents for filing:

- a) Resignation of Registered Agent for a Limited Liability Company;
- b) Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company; and
- c) Resignation of Member, Managing Member or Manager.

Please return all correspondence concerning this matter to me as indicated above.

Enclosed is my check in the amount of \$135.00 made payable to the Florida Department of State for the filing fees for the above-mentioned documents.

Thank you for your assistance.

Very truly yours,



I. Michael Tucker

IMT/sdt  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## 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,

JAMES L GARVEY M.D.

(Name of Registered Agent)

hereby resigns as

Registered Agent for ESTELLA HOLDINGS, LLC

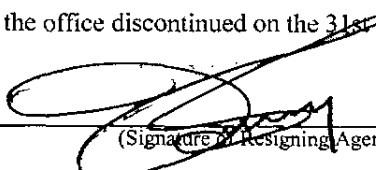
(Name of Limited Liability Company)

L04000006646

(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 31<sup>st</sup> 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)

SECRETARY OF STATE  
TALLAHASSEE, FL

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### 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