

L040000/4793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

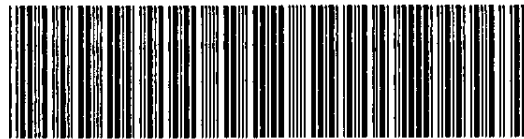
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A. LUNT

FEB - 8 2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXPOREN PROPERTIES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000014793

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:

MEGAN HUGHES
Name of Person

BUSINESS FIRST FORMATIONS, INC.
Name of Firm/Company

3990 WARREN WAY
Address

RENO, NV 89509
City/State and Zip Code

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

For further information concerning this matter, please call:

MEGAN HUGHES at (775) 338-2598
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

INCorp SERVICES, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for EXPOREN PROPERTIES, LLC

Name of Limited Liability Company

L04000014793

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.

T. Sedlacek, Incorp Services, Inc.

Signature of Resigning Agent

If signing on behalf of an entity:

T. Sedlacek, President, Incorp Services, inc.

Typed or Printed Name

AGENT

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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