L04000016345

(Re	questor's Name)	
(Ad	dress)	
<u> </u>	dress)	
(Au	uices	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
. (Bu	siness Entity Nam	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ECT: H.S. Building and R	leal Estate D				
DOCU	MENT NUMBER: L0400	0016345				
The en- for filin	closed Resignation of Regist 1g.	ered Agent for	a Limited	Liability Company	and fee are sul	omitted
Please	return all correspondence con	ncerning this n	natter to the	e following:		
Oliver	Smith					
	(Name of Pers	on)		. T. € Mur	•	-
	(Name of Firm/Co	mpany)		san	* *	
2467	Kathi Kim St					
	(Address)			A STATE OF S	Turn Tare	51. A.L.
Cocoa	a, FL 32926					
	(City/State and Zip	Code)	***	** * == *		**
For fur	ther information concerning	this matter, ple	ease call:			
Oliver	Smith	at (321	271-1963 & Daytime Telephon		
	(Name of Person)		(Area Code	& Daytime Telephon	e Number)	
Habuity	ed is a check made payable to company or \$25.00 for an a company.	o the Florida D dministratively	Department y dissolved	of State for \$85.00 t , voluntarily dissolv	for an active li ed or withdray	mited wn limited
Amend Divisio P.O. Bo	g Address: ment Section n of Corporations ox 6327 ssee, FL 32314	Street Addr Amendment Division of C 409 E. Gaine Tallahassee,	Section Corporation es Street	s		

INHS17(11/02)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 1, 2005

OLIVER SMITH 2467 KATHI KIM ST. COCOA, FL 32926

SUBJECT: H.S. BUILDING AND REAL ESTATE DEVELOPMENT LLC Ref. Number: L04000016345

We have received your document for H.S. BUILDING AND REAL ESTATE DEVELOPMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee to resign as agent from an active L.L.C. is \$85.00. A balance of \$60.00 is due for the filing.

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) 245-6916.

Letter Number: 105A00014160

Carol Mustain Document Specialist

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	tions of section 608.416(2) or 608.509, Florid	a Statutes, the undersigne	ed,		
Oliver Smith		, hereby resigns as			
	(Name of Registered Agent)		·		
Registered Agent for	H.S. Building and Real Estate Deve	elopment LLC	≥'cs		-
			ECR	2 -	<u></u>
	(Name of Limited Liability Company)	·	ETAR HASS	#5 	
L04000016345			E Y	-≅-ñ	7
(Document No	umber, if known)		ES.	@ C	j
A copy of this resigna	ation was mailed to the above listed limited lia	ability company at its last	known a	ිරා ad dre ss.	•
The agency is termina	(Signature of Resigning Agent)	ay after the date on which $\frac{Z-1Z-05}{2}$	this stat	ement is file	ed. : . क्र.ड
If signing on behalf of	f an entity:				
	(Typed or Printed Name)		-		
	(Capacity)	जिल्लाक ११. जिल्लाक ११.	· - * .	g - 5 - <u>2</u> + 4	. 1. 1

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