

LD4000022550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Need printed name and
capacity of person signing

LD4-22550

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APPROVED
AND
FILED

06 JUL -3 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Audio Video Designing Naples, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: _____

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:

Greg Rearden
(Name of Person)

Audio Video Installation, Inc.
(Name of Firm/Company)

3900 Mannix Dr. # 117
(Address)

Naples FL 34114
(City/State and Zip Code)

For further information concerning this matter, please call:

Greg Rearden at (239) 659-4199
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2006

GREG REARDON
3900 MANNIT DRIVE, #117
NAPLES, FL 34114

SUBJECT: AUDIO VIDEO DESIGN OF NAPLES, LLC
Ref. Number: L04000022550

We have received your document for AUDIO VIDEO DESIGN OF NAPLES, 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 person executing the document must state beneath or opposite his or her signature his or her capacity, such as trustee, receiver, personal representative, court appointed fiduciary, etc.

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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 606A00041178

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,

Audio Video Installations, Inc., hereby resigns as
(Name of Registered Agent)

Registered Agent for Audio Video Design of Naples LLC
(Name of Limited Liability Company)

LD4-22550
(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.

Gregory M. Reardon
(Signature of Resigning Agent)

If signing on behalf of an entity:

Gregory M. Reardon
(Typed or Printed Name)
President/owner
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL -3 PM 3:28

APPROVED
AND
FILED