

L04000032341 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

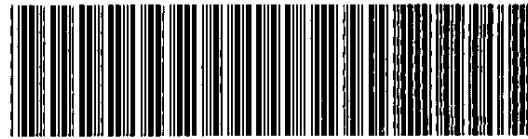
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400213165714

10/11/11--01059--002 **592.50

FILED

11 OCT 11 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 12 2011

EXAMINER

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: NOVENTA OCHO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LD 4000032341

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:

Lynn Dudley
Name of Person

Name of Firm/Company
420 E. Pine Ave.
Address

Crestview, FL 32539

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

For further information concerning this matter, please call:

Name of Person _____ at (850) 682-6165
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for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 11 PM 12:54

一、
 二、
 三、
 四、
 五、
 六、
 七、
 八、
 九、
 十、

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,

CHRIS CADENHEAD

Name of Registered Agent

, hereby resigns as

Registered Agent for

NOVENTA OCHO, LLC

Name of Limited Liability Company

L04000032341

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.

Chris Cadenhead

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
11 OCT 11 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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