

LO4000039817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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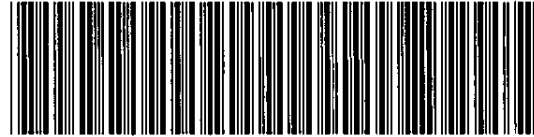
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 NOV 21 P 4: 06

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D. BRUCE  
NOV 22 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Leasing Ventures, LLC.

Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000039817

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:

Anne Herstol

Name of Person

Prince CPA Group

Name of Firm/Company

9161 Narcoossee Road Ste 202

Address

Orlando, FL 32827

City/State and Zip Code

aherstol@princecpagroup.com

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

For further information concerning this matter, please call:

Anne Herstol

407

820-8230

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

INHS17 (2/14)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Keith Buescher

, hereby resigns as

Name of Registered Agent

Registered Agent for Florida Leasing Ventures, LLC.

Name of Limited Liability Company

L04000039817

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.

Keith Buescher

Signature of Resigning Agent

If signing on behalf of an entity:

Keith Buescher

Typed or Printed Name

Capacity

**FILED**  
2016 NOV 21 P 4: 06  
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**