## 2040000 44362

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Nova Guidance LLC (Name of Limited Liability Company)	
DOCUMENT NUMBER: <u>L040000 44 36 2</u>	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	submitted
Please return all correspondence concerning this matter to the following:	
Marsha Gerber (Name of Person)	SECRETAR DIVISION OF C
Nova Guidance, LLC (Name of Firm/Company)	:: :: :: :: :: :: :: :: :: :: :: :: ::
6811 Cypress Head Road (Address)	OF STATE RPORATIONS
Coal Springs FL 33067 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Demis Gerber at (954) \$09-4731 (Name of Person) (Area Code & Daytime Telephone Number)  - 954 - 3446 - 7436	ı
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an actiliability company or \$25.00 for an administratively dissolved, voluntarily dissolved or with liability company.	ve limited idrawn limited

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## 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,	
Romancilo Professional Association, hereby resigns as (Name of Registered Agent)	*
(Name of Registered Agent)	80
Registered Agent for Nova Guilance ILC	
(Name of Limited Liability Company)	,
L040000 44362	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited liability company at its last kn  The agency is terminated and the office discontinued on the 31st day after the date on which the Signature of Resigning Agent)	
If signing on behalf of an entity:  Sturn Romanulo  (Typed or Printed Name)  Chur Excoutive Course  (Capacity)	DIVISION OF UDRPORATIONS  2006 NOV 28 PH 12: 43

**FILING FEES:** \$ 85.00 Active \$ 25.00 Admi

Active limited liability company
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withdrawn limited liability company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