

L05000017744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

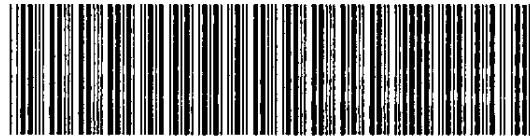
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
News  
3-18-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Harmoni One LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000017744

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:

Russell Barkett  
Name of Person

Atlantic Coast Management  
Name of Firm/Company

601 N. New York Avenue, Suite 201  
Address

Winter Park, Florida 32789  
City/State and Zip Code

Russell@davgarinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell Barkett at ( 407 ) 647-4300  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# 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,

John L. Gabrovic, hereby resigns  
Name of Registered Agent

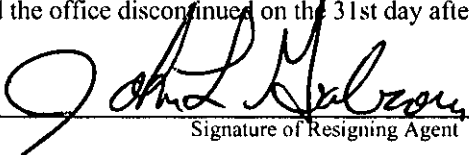
Registered Agent for Harmoni One LLC

Name of Limited Liability Company

L05000017744  
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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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**

**FILED**  
2011 MAR 17 P 4:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE