

L05000023727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

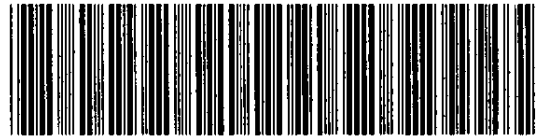
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/08--01051--009 **110.00

FILED
08 AUG 25 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 26 2008

EXAMINER

CAUTHEN & FELDMAN, P.A.

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William H. Cauthen*
H. John Feldman**

* Board Certified Tax Lawyer
** Board Certified Wills, Trusts
& Estate Lawyer

August 21, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Tri-Vista Properties, LLC
Document No. L05000023727

Dear Sir or Madam:

Enclosed for filing regarding the above limited liability company are the following documents:

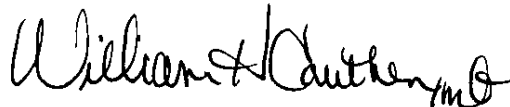
1. Resignation of Registered Agent for a Limited Liability Company;
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

Also enclosed is our check in the amount of \$110.00 for your filing fees.

If you have any questions or require additional information, please feel free to contact our office.

Very truly yours,

CAUTHEN & FELDMAN, P.A.



William H. Cauthen

WHC/mab

cc: Mr. John Somerville

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,

Richard A. Rodgers, hereby resigns as
(Name of Registered Agent)

Registered Agent for Tri-Vista Properties, LLC
(Name of Limited Liability Company)

L05000023727
(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
08 AUG 25 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA