

LD5000046380

(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:

**L. SELLERS**  
JAN 18 2008  
**EXAMINER**

Office Use Only



000113395380

01/15/08--01025--007 \*\*85.00

**FILED**  
2008 JAN 17 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DAVON, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L05000046380

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:

MERRY GLOVER-UHRINEK  
(Name of Person)

GLOVER MARINE SERVICES, INC.  
(Name of Firm/Company)

P.O. BOX 2347  
(Address)

PALM HARBOR, FL 34682  
(City/State and Zip Code)

For further information concerning this matter, please call:

MERRY GLOVER-UHRINEK at ( 727 ) 787-5444  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DAVON, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L05000046380

4. I, DAVID ABELOVE, hereby resign as a Chief Exec. Manager  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X   
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

**FILED**  
2008 JAN 17 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA