

NOV-2-2009

10:51A FROM: A1A REGISTERED AGENT I (561) 202-8082

TO: (850) 617-6380

P.1

L05000049541

Florida Department of State
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Fax Number : (850) 617-6380

From:

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Account Number : I200900000032
Phone : (866) 703-8828
Fax Number : (561) 202-0082

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REGISTERED AGENT RESIGNATION

CORVILLA, LLC

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4090002326013

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,

A1A REGISTERED AGENT INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for

CORVILLA, LLC

Name of Limited Liability Company

L05000049541

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:

TINA MAKI

Typed or Printed Name

PRESIDENT

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withdrawn limited liability company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

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