

LO5000062920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

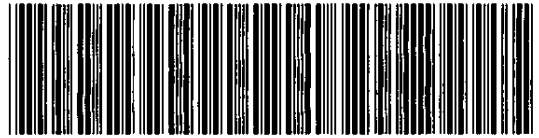
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 20 PM 2:47

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*R.A. Chang*

C.COULLETTE

JUL 23 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 148 175th AVENUE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000062920

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:

BRIAN P. DEEB  
Name of Person

D & B CORPORATE SERVICES, INC.  
Name of Firm/Company

5999 CENTRAL AVENUE, SUITE 202  
Address

ST. PETERSBURG, FL 33710  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brian P. Deeb at ( 727 ) 384-5999  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

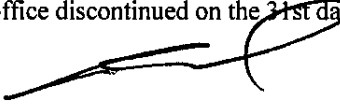
D & B CORPORATE SERVICES, INC., hereby resigns as  
Name of Registered Agent

Registered Agent for 148 175th AVENUE, LLC  
Name of Limited Liability Company

L05000062920  
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:

BRIAN P. DEEB

Typed or Printed Name

President

Capacity

FILED  
09 JUL 20 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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