# L0500074081

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



800114697338

01/17/08--01019--005 \*\*25.00

08 JAN 17 PH 2: 39

G. MCLEOD

JAN 1 8 2008

EXAMINER

### **COVER LETTER**

SUBJECT: Venetian Developers, LLC
(Name of Limited Liability Company)  DOCUMENT NUMBER: L05000074081
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:
Jo Burbridge (Name of Person)
Fisher & Sauls, P.A. (Name of Firm/Company)
100 2nd Avenue South, Suite 701 (Address)
St. Petersburg, Florida 33701 (City/State and Zip Code)
For further information concerning this matter, please call:
Jo Burbridge at (727) 822 2033 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

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 6	608.416(2) or 608.509, Florida S	statutes, the undersigned,	
Peter J. Vasti		, hereby resigns as	
(Name of Regis	- ·		
Registered Agent for Venetian I	Developers, LLC		<del></del>
(Na	ame of Limited Liability Company)		
L05000074081			
(Document Number, if known)			
A copy of this resignation was mailed  The agency is terminated and the off		after the date on which this stateme	
If signing on behalf of an entity:	(		SECRE IIVISION 08 JAN
	(Typed or Printed Name)		<b>–</b>
,	(Capacity)		PH 2: 39

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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