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MAILING ADDRESS:

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:	Amendment Section Division of Corporations	
••,		
SUBJI	JECT: Evaluvest, L.L.C. Name of Limited Liability Company	
	Name of Limited Liability Company	
DOCU	CUMENT NUMBER: <u>L05000076624</u>	
The enfor filing	enclosed Resignation of Registered Agent for a Limited Liability Company and fe lling.	e are submitted
Please	se return all correspondence concerning this matter to the following:	
	Nicholas J. Rubino, Esquire Name of Person	
Es	Estate Planning and Legacy Law Center, PLC Name of Firm/Company	
	159 Lookout Place, Suite 101 Address	
	Maitland, FL 32751 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification) further information concerning this matter, please call:	
	Suzanne Church at (407) 647-7526 Name of Person Area Code & Daytime Telephone Number	
Enclose liability limited	osed is a check made payable to the Florida Department of State for \$85.00 for an lity company or \$25.00 for an administratively dissolved, voluntarily dissolved or ed liability company.	active limited withdrawn

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,	
Nicho	las J. Rubino, Esquire , hereby resigns as	
N	larne of Registered Agent	
Registered Agent for	Evaluvest, L.L.C.	
	Name of Limited Liability Company	
L050000	** ***********************************	
	was mailed to the above listed limited liability company at its last known a	address.
The agency is terminated a	And the office discontinued on the 31st day after the date on which this state Lichted Resigning Agent Resigning	ement is filed.
If signing on behalf of an	entity:	
No service of		E SE
-	Typed or Printed Name	0 AUG 12 0 AUG 12 ECRETAR
_	Capacity	12 PH IARY OF ASSEC.
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	1:54 STATE FEORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tuilahassee, FL 32314

INHS17 (08/05)