

Lb5000083003

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 31 AM 9:41

T. HAMPTON

JUN - 1 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DESTINY VILLAGE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000083003

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:

THERESA M. KENNEY, ESQUIRE
Name of Person

DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.
Name of Firm/Company

4348 SOUTHPOINT BOULEVARD, SUITE 101
Address

JACKSONVILLE, FLORIDA 32216
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.
ATTORNEYS AT LAW

JOHN S. DUSS, IV
THERESA M. KENNEY
ELIOT J. SAFER
WADE MCK. HAMPTON*
WILLIAM J. JOOS

*ALSO ADMITTED IN GA

May 17, 2011

TELEPHONE (904) 543-4300
www.JAXFIRM.com
4348 SOUTHPOINT BLVD., SUITE 101
JACKSONVILLE, FLORIDA 32216
FACSIMILE (904) 543-4301

EMAIL ADDRESS: DBREEDON@JAXFIRM.COM

VIA CERTIFIED MAIL / RETURN RECEIPT REQUESTED

Florida Department of State
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Resignation of Registered Agent

Dear Sir or Madam:

Please find enclosed our firm's check number 2891 in the amount of \$195.00 representing the fee in connection with the filing of the enclosed Resignation of Registered Agent for the following entities:

1. Asset Brokerage Services, Inc. (Inactive - Administratively dissolved for annual report);
2. Asset Maintenance & Property Services, Inc. (Inactive - Administratively dissolved for annual report);
3. 11700 San Jose Boulevard, L.L.C. (Inactive - Administratively dissolved for annual report);
4. Asset Development Partners, L.L.C. (Inactive - Administratively dissolved for annual report);
5. JMB Properties, L.L.C. (Inactive - Administratively dissolved for annual report);
6. Destiny Village LLC (Inactive - Administratively dissolved for annual report); and
7. Asset Investment Group, L.L.C. (Inactive - Administratively dissolved for annual report).

Should you need something further, please let me know.

Sincerely,



Dana Breedon
Legal Assistant

DB/slf
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAY 31 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 20, 2011

THERESA M KENNEY, ESQ
DUSS KENNEY SAFER HAMPTON & JOOS PA
4348 SPOUTHPOINT BLVD - STE 101
JACKSONVILLE, FL 32216

SUBJECT: DESTINY VILLAGE LLC
Ref. Number: L05000083003

We have received your document for DESTINY VILLAGE LLC and your check(s) totaling \$195.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The resigning agent must sign.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00012565

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,

THERESA M. KENNEY, ESQUIRE, hereby resigns as
Name of Registered Agent

Registered Agent for DESTINY VILLAGE LLC

Name of Limited Liability Company

L05000083003

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:

Typed or Printed Name

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

FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS