

02/10/2011

1333 DeLoach & Hofstra

(FAX) 727-393-5418

P-001/003

Division of Corporations

Page 1 of 1

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000036558 3)))



H110000365583ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DELOACH & HOFSTRA, P.A.
Account Number : I19990000123
Phone : (727) 397-5571
Fax Number : (727) 393-5418

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 10 PM 1:43

RECEIVED
11 FEB 10 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION VILLAS OF CAPRI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

R/RES
10-2/11/11

Electronic Filing Menu

Corporate Filing Menu

Help

((H11000036558 3))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLAS OF CAPRI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000103331

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:

DENNIS R. DELOACH, JR., ESQ.
Name of Person

DELOACH + HOFSTRA, P.A.
Name of Firm/Company

8840 SEMINOLE BOULEVARD
Address

SEMINOLE, FL 33772
City/State and Zip Code

JILL@DHSTC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILL A. IACOPELLI at (727) 397-5571
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

((H11000036558 3))

((H11000036558 3)))

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,

DENNIS R. DELOACH, JR.

Name of Registered Agent

, hereby resigns as

Registered Agent for

VILLAS OF CAPRI, LLC

Name of Limited Liability Company

L05000103331

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 10 PM 1:43

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

INHS17 (08/05)

((H11000036558 3)))