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COVER LETTER

SUBJECT:	Palmyra Clu Name of Lim	ib Inveited Lia	esto pility	rs, LLC Company				
DOCUMENT NUMBER:	MBER: L05000119907							
The enclosed Resignation of R for filing.	egistered Agent f	or a Lir	nited	Liability	Company and fee are s	ubmitted		
Please return all correspondence	ce concerning this	matter	to th	e follow	ing:			
W John Name of	Steffan							
Name of	Person							
Palmyra Clu								
Name of Firm	n/Company							
178 Oakv								
Addr	ess							
Naples, F	L 34110							
City/State an	d Zip Code							
steffanwi@ E-mail address: (to be used for	/ahoo.com future annual report	notificat	on)					
For further information concer	ning this matter, p	please c	all:					
W. john Steffan Name of Person	at	(23! Area	Gode	<u>.</u> & Daytin	596-0929 ne Telephone Number			
Enclosed is a check made paya liability company or \$25.00 for limited liability company.	ble to the Florida r an administrativ	Depart	ment olve	of State l, volunt	for \$85.00 for an active arily dissolved or withdr	limited awn		

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	f section 608.416(2) or 6	508.509, Florida Statu	tes, the undersigned,			
W. John ST	Tellaru		, hereby resigns as			
	nd of Registered Agent Palmyra Clob	Investas, L	Le			
	Name of Limited Lia	bility Company			,	
L 05000 1190 Document Numbe A copy of this resignation w		isted limited liability o	company at its last kr	nown addi	ress.	
The agency is terminated an	(1 Suls)	d on the 31st day after	the date on which th	is stateme	ent is f	filed
If signing on behalf of an en	tity:			SECRETALLA	17 E	
	Typed or	Printed Name	****	HASSE	6 6	FILE
	Сарғ	acity		OF STATE E, FLORIDA	MII: 57	ED

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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