

L06000003263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L06-3263

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

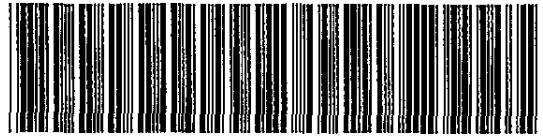
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FEB 20 2006  
TALLAHASSEE, FLORIDA

03 FEB 20 PM 3:09

2006-02-20

M. HODGES

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRO-N-VEST, LLC.

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMARA J. BOTT

(Name of Person)

AT YOUR SERVICE TAX & ACCOUNTING, INC.

(Firm/Company)

1623 N HIGHLAND AVENUE

(Address)

CLEARWATER, FL. 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

TAMARA J BOTT

(Name of Person)

at ( 727 ) 443-7511

(Area Code & Daytime Telephone Number)

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, KEVIN CHIASSON, hereby resign as MGRM  
(Title)

of PRO-N-VEST, LLC.  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation.

*Kevin Chiasson*  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

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

FILED  
03 FEB 20 PM 3:19  
TALLAHASSEE, FLORIDA