

Ld0000052258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 14 AM 11:04

T. HAMPTON
JUN 15 2010
EXAMINER

COVER LETTER

TO: - Amendment Section
Division of Corporations

SUBJECT: PREFERRED HOMEVESTERS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LD6000052258

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:

COMPUTAX BUSINESS SOLUTIONS, INC
Name of Person

4463 N. STATE RD 7
Name of Firm/Company

LAUDERDALE LAKES, FL 33319
Address

LA
City/State and Zip Code

errol@yourvisionary.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERROL GORDON at (754) 246 0542
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

COMPUTAX BUSINESS SOLUTIONS, INC., hereby resigns as
Name of Registered Agent

Registered Agent for PREFERRED HOMEVESTERS LLC

Name of Limited Liability Company

LOG000052258 (PREFERRED HOMEVESTERS)
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:

FERROL GORDON

Typed or Printed Name

PRESIDENT

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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