## L06000054889

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SECRETARY OF STATE.

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

Cavil International III C	
SUBJECT: Cevil International, LLC (Name of Limited)	Liability Company)
DOCUMENT NUMBER: L06000054889	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	tter to the following:
Andrew D. Wyman, Esq. (Name of Person)	
Mattlin & Wyman, PL  (Name of Firm/Company)	Z008 NOV 25 SECRE TARY TALLAHASSE
1900 Glades Road, Suite 245 (Address)	NOV 25 AM II AHASSEE. FL
Boca Raton, FL 33431 (City/State and Zip Code)	AMII: 56 EE, FLORIDA
For further information concerning this matter, plea	se call:
Andrew D. Wyman, Esq. at (5) (Name of Person)	761 372-7200 Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively limited liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn
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 608.50	9, Florida Statutes, the undersigned,
Andrew D. Wyman, Esq.  (Name of Registered Agent)	, hereby resigns as
, , , , , , , , , , , , , , , , , , , ,	
Registered Agent for Cevil International, LLC	,
(Name of Limited Liability	Company)
L06000054889	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed l	limited liability company at its last known address.
The agency is terminated and the office discontinued on the	the 31st day after the date on which this statement is filed.
ann (Simon of	National Action Control of the Contr
(Signature of	Resigning Agent)
If signing on behalf of an entity:	LE 08 #
Andrew D. Wyman, E	Sq. SECRETARY ALLAHASSE
(Typed or Printe	d Name) SR 25
Former Registered A	CANT M_
(Capacity)	of STATE ORBU
	RIG
	<b>≥</b> " on.

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

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

c .; ,