

LD000058282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

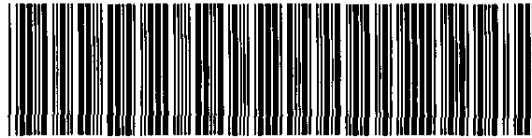
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JUL - 9 2008

EXAMINER

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08 JUL -7 AM 10:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EVY IDEAS, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L06000058282

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:

MARY ANN PIAZZA
(Name of Person)

STRANG, OLSEN & LYNCH, CPAs, P.A.
(Name of Firm/Company)

103 W. MARION AVENUE
(Address)

PUNTA GORDA, FL 33950
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY ANN PIAZZA at (941) 639-0888
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2008

MARY ANN PIAZZA
STRANG, OLSEN & LYNCH CPA'S PA
103 W. MARION AVENUE
PUNTA GORDA, FL 33950

SUBJECT: EVY IDEAS LLC
Ref. Number: L06000058282

We have received your document for EVY IDEAS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 408A00035706

6/9/08 01029/D14

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,

STRANG, OLSEN & LYNCH, CPAs, P.A., hereby resigns as
(Name of Registered Agent)

Registered Agent for EVY IDEAS, LLC
(Name of Limited Liability Company)

L06000058282
(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:

STRANG, OLSEN & LYNCH, CPAs, P.A.
(Typed or Printed Name)
PARTNER
(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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TALLAHASSEE FLORIDA