

## L0600006073

| (Requestor's Name)                          |  |  |  |  |
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| PICK-UP WAIT MAIL                           |  |  |  |  |
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| (Dusiness Entity Name)                      |  |  |  |  |
| (Business Entity Name)                      |  |  |  |  |
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| (Document Number)                           |  |  |  |  |
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SECRETARY OF STATE
SHOWN ASSETS FLORIDA

#### **COVER LETTER**

| Division of  | Corporations   |  |   |  |  |
|--|--|--|---|--|--|
| SUBJECT:   | FLV EXF  | RESS LLC   | ;   |  |  |
| (Name of Limited Liability Company)  |  |  |   |  |  |
| The enclosed mem filing.   | ber, managing member o   | r manager resig  | gnation and fee(s) are submitted for  |  |  |
| Please return all co   | orrespondence concerning   | g this matter to:  |   |  |  |
|  | ALBA E VIVAR   |  |   |  |  |
|  | (Contact Person)   | ,  | _   |  |  |
| MIAMI DISPA  | TCH & CARRIER  | SERVICES   | 3   |  |  |
|  | (Firm/Company)   |  | _   |  |  |
| 8040 NW  | 95 TH ST SUITE   | <b>#</b> 106   |   |  |  |
|  | (Address)  |  | _   |  |  |
| HIALEAH  | I GARDENS, FL 3  | 3016   |   |  |  |
|  | (City/State and Zip Code)  | •  | _   |  |  |
| For further inform   | ation concerning this mat  | ter, please call:  |   |  |  |
|  |  | at ( 305<br>(Area Code   | 822-0255  * & Daytime Telephone Number)   |  |  |
|  |  |  | Department of State for:<br>\$55 Filing Fee &<br>Certified Copy   |  |  |
| Registration Section Division of Corpor Clifton Building 2661 Executive Co | on<br>rations<br>enter Circle  |  | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314   |  |  |
|  | SUBJECT:  The enclosed memfiling.  Please return all common and all an | The enclosed member, managing member of filing.  Please return all correspondence concerning  ALBA E VIVAR  (Contact Person)  MIAMI DISPATCH & CARRIER  (Firm/Company)  8040 NW 95 TH ST SUITE:  (Address)  HIALEAH GARDENS, FL 3:  (City/State and Zip Code)  For further information concerning this mat  ALBA E VIVAR  (Name of Contact Person)  Enclosed please find a check made payable  CHACA STREET/COURIER ADDRESS: Registration Section Division of Corporations | SUBJECT: FLV EXPRESS LLC  (Name of Limited Liability Co  The enclosed member, managing member or manager resigning.  Please return all correspondence concerning this matter to:  ALBA E VIVAR  (Contact Person)  MIAMI DISPATCH & CARRIER SERVICES  (Firm/Company)  8040 NW 95 TH ST SUITE#106  (Address)  HIALEAH GARDENS, FL 33016  (City/State and Zip Code)  For further information concerning this matter, please call:  ALBA E VIVAR  (Name of Contact Person)  ALBA E VIVAR  (Name of Contact Person)  (Area Code  CHGCL S25 Filing Fee  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle |  |  |

CR2E079 (5/06)

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**TO:** Registration Section



February 15, 2012

ALBA E VIVAR MIAMI DISPATCH & CARRIER SERVICES 8040 NW 95TH ST. SUITE #106 HIALEAH GARDENS, FL 33010

SUBJECT: FLV\_ EXPRESS LLC Ref. Number: L06000066073

We have received your document for FLV\_ EXPRESS LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Letter Number: 212A00007006

Neysa Culligan Regulatory Specialist II

www.sunbiz.org



# FILED 12 FEB 28 PM 4: 54 SECRETARY OF STATE TABLAHASSEE; FLORIDA.

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

|                                  | limited liability company as LV EXPRESS LLC                                   | it appears on the records  | of the Florida Department  |
|----------------------------------|---|----------------------------|----------------------------|
| 2. This limited liab             | ility company was organized   | under the laws of:         |                            |
| 3. The Florida doce<br>L06000066 | ument/registration number of 6073   | this limited liability con | npany is:                  |
| 4. I. FELIX L VERDE              |   | , hereby resign as a       | MGRM                       |
| (Print N                         | ame of Person Resigning)  | , , ,                      | (Print Title)              |
| resignation in wr                | bility company and affirm the iting.  Let | def                        | ny has been notified of my |
| Filing Fee:<br>Certified Copy:   | \$25.00 (Required)<br>\$30.00 (Optional)                                      |                            |                            |