

L06000088765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

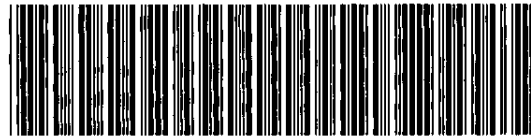
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TO: Amendment Section
Division of Corporations

SUBJECT: GROVES 12, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000088765

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:

Brooke Breeding
Name of Person

National Corporate Research, Ltd.
Name of Firm/Company

615 S Dupont Hwy
Address

Dover, DE 19901
City/State and Zip Code

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

For further information concerning this matter, please call:

Brooke Breeding at (800) 483-1140 ext 3005
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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