L06000090738

(Requestor's Name)	
(Address)	800167764708
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/04/1001023027 **85.
(Document Number)	
Certified Copies Certificates of Status	
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**85.00

COVER LETTER

SUBJECT: FELICIA LLC						
SUBJECT: FELICIA LLC Name of Limited Liability Company						
DOCUMENT NUMBER: L06000090738						
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:						
MELANIE DOYAL Name of Person						
Name of Ferson						
CORPORATE DIRECT, INC.						
Name of Firm/Company						
2248 MERIDIAN BLVD., STE. H Address						
MINDEN, NV 89423 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
MELANIE DOYAL at (775) 782-1307 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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	2) or 608.509, Florida	Statutes, the undersigned	ed,		
	ERRI DETWEILE		, hereby resigns as	3		
ì	Name of Registered Agent	t				
Registered Agent for	FELICIA LLC					
	Name of Limi	ted Liability Company				
L060000						
Document Nurr	iber, if known					
A copy of this resignation	was mailed to the ab	ove listed limited liab	ility company at its last	known a	ddress	3.
The agency is terminated	and the office discon	tinued on the 31st day	after the date on which	this state	ement	is filed.
Ç	Sersi B	Octuelle Signature of Resigning A	gent			
If signing on behalf of an	entity:					
	GEF	RRI DETWEILER				
<u>-</u>	Ту	ped or Printed Name		200 C	10 F	
-		Capacity		TO THE PARTY OF TH	1-83.	Table 1
	FILING I	FFFS.			AM II:	
	\$ 85.00 \$ 25.00	Active limited liabil Administratively dis withdrawn limited l	ity company ssolved/ voluntarily dis- iability company	solved/	<u></u>	

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