

L07000044724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

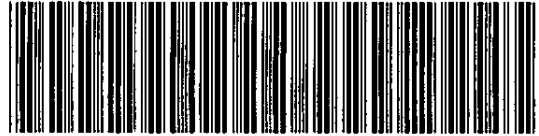
Special Instructions to Filing Officer:

RECEIVED

2009 AUG 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



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08/26/09--01030--018 **85.00

FILED
09 AUG 26 AM 9:01
TALLAHASSEE, FLORIDA

RA Resign
Tewis
8-28-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ENOVA INTERNATIONAL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000044724

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:

ENOCH POON
Name of Person

INNOVATIVE INTERNATIONAL LLC
Name of Firm/Company

17814 N. US HWY 41
Address

LUTZ, FL 33549
City/State and Zip Code

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

For further information concerning this matter, please call:

ENOCH POON at (813) 909 2929 ext. 1
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

ENOCH POON

Name of Registered Agent

Registered Agent for

ENOVA INTERNATIONAL LLC


Name of Limited Liability Company

L07000044724

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:

Typed or Printed Name

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

FILED
08 AUG 29 AM 9:01
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS