

207000084587

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CHRISTINA M. KITTERMAN, P.A.
Account Number : I20100000015
Phone : (954)533-4431
Fax Number : (954)320-6932

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION
BOVA PRIME, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

10 JUN 18 PM 2:30
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TALLAHASSEE, FLORIDA

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BA Resign
6/18/10
JK

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bova Prime, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000084587

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:

Christina M. Kitterman, Esq.
Name of Person

Christina M. Kitterman, P.A.
Name of Firm/Company

100 SE Third Avenue, Suite 1300
Address

Fort Lauderdale, FL 33394
City/State and Zip Code

ckitterman@cmk-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina M. Kitterman at (954) 533-4431
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Christina M. Kitterman, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for

Bova Prime, LLC

Name of Limited Liability Company

L07000084587

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:

Christina M. Kitterman

Typed or Printed Name

President

Capacity

APPROVED
FILED
10 JUN 18 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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