

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H130000165123)))



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To:

Division of Corporations

Fax Number

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From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052

Phone

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LLC REGISTERED AGENT RESIGNATION LTD DEVELOPMENT LLC

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TO: Amendment Section

COVER LETTER

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Division of Corporations		
SUBJECT: LTD DEVELOPMENT LLC		
(Name of Limited Liability Company)	_	
DOCUMENT NUMBER: L070000125669	_	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee for filing.	are si	ubmitted
Please return all correspondence concerning this matter to the following:		
TUNISHA SCOTT		
(Name of Person)		
INCORPORATING SERVICES, LTD.		24H E102
(Name of Firm/Company)	γď	4
3500 S. DUPONT HWY		en :
(Address)		144
DOVER, DE 19901	· ; ;	
(City/State and Zip Code)	7-1	<u>අ</u> ව (ය
For further information concerning this matter, please call:		
TUNISHA SCOTT at (302) 531.0855 (Area Code & Daytime Telephone Number	iī)	
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an adiability company or \$25.00 for an administratively dissolved, voluntarily dissolved or w limited liability company.	etive ithdra	limited awn

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 Tallahassec, FL 32301

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 608.416(2) or 608.509, F	lorida Statutes, the undersigned,	
INCORPORATI	NG SERVICES, LTD.	, hereby resigns as	~- <u>2</u>
	(Name of Registered Agent)	,	* * = =
Registered Agent for	LTD DEVELOPMENT LLC		44
			in In
	(Name of Limited Liability Com	pany)	
L07000125669			三型型
(Document Nu	umber, if known)		
A copy of this resigna	ation was mailed to the above listed limite	ed liability company at its last kno	wn address.
The agency is terminate	ated and the office discontinued on the 31	J	statement is filed.
If signing on behalf o	of an entity:		
	AMY BALKE		
	(Typed or Printed Nar	ne)	
	ASSISTANT SECRETARY	•	
	(Capacity)		

Active limited liability company
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