

L080000059862

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

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TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
CONVE AVS - VEGA MESA, LLC**

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L06887

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COVER LETTER

41300023076

TO: Amendment Section
Division of Corporations

SUBJECT: CONVE AVS -VEGA MESA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L08000059862

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:

ALBERTO GONZALEZ

Name of Person

CONVE AVS -VEGA MESA, LLC

Name of Firm/Company

10691 N KENDALL DR. SUITE 304

Address

MIAMI, FLORIDA 33176

City/State and Zip Code

agonzalez@conveavs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Gonzalez

Name of Person

at 305 4129828

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

41300023076

H1300000112

**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,

JERRY M. DALE, ESQ.

Name of Registered Agent

, hereby resigns as

Registered Agent for **CONVE AVS-VEGA MESA, LLC**


Name of Limited Liability Company

L08000059862

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

FILED
2013 OCT 16 AM 8:10
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

INH517 (08/05)

H1300000112