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D. SCOTT

JAN 7 2013

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Home Haven LLC Name of Limited Liability Company
DOCUMENT NUMBER: KOSOOO 69576
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:
Robert P. Bagdon Name of Person
Name of Firm/Company
- 2 Demand Beach De Ste 1a  Parm Coast, FL 32137  City/State and Zip Code
Palm Coast, FL 32/37 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert P. Bagdon at (774) 245-7717  Name offerson 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

liability company.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Ò	of section 605,0115, Florida Sta Lagar une of Registered Agent	ntutes, the undersigned,	igns as
	Home Haven	LLC	
	Name of Limited Liability C	ompany	
	er, if known  was mailed to the above listed lind the offure discontinued on the	1	
It signing on behalf of an e	ntity:		9: 22
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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