

L08UW082215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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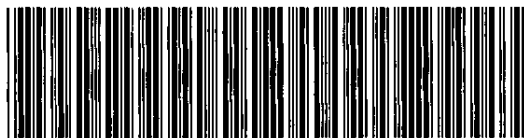
(Business Entity Name)

(Document Number)

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 11/08/10

**NAME:** CORVINUS HOLDING LLC

**TYPE OF FILING:** RESIGNATION OF REGISTERED AGENT

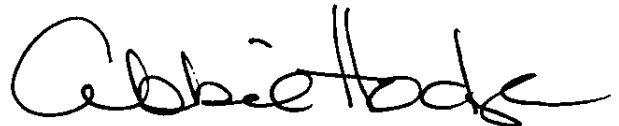
**COST:** 25.00

**RETURN:**

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

FLORIDA FILING & SEARCH SERVICES, INC., hereby resigns as

Name of Registered Agent

Registered Agent for CORVINUS HOLDING LLC

Name of Limited Liability Company

L08000082215

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:

ABBIE P. HODGE

Typed or Printed Name

VICE PRESIDENT

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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