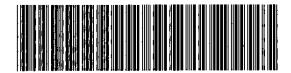
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T. HAMPTON

INCT 10 2011

EXAMINER

COVER LETTER

SUBJECT: FLVA Advintures Name of Limited Liability Company
DOCUMENT NUMBER: <u>LO8060100017</u>
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:
Name of Person
FL VA- AUU TUIS Name of Firm/Company
158 AUALON DR Address
Ormond BCA FL 32176 City/State and Zip Code
Soshar Branded Solutions. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Josh Williams at 386 983-5377 Name of Person at 386 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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,		
MArgo LTAGIOR Formay Margo Maden, hereby resigns as Namle of Registered Agent Registered Agent for FLVA A Club furzs, LLC		
Registered Agent for FLVA A Guentures, LLC		
Name of Limited Liability Company		
L08000100077 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		

FILING FEES: \$ 85.00 Active \$ 25.00 Admit 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withdrawn limited liability company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

INHS17 (08/05)