LO 8000/05463

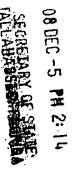
(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT ·	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MVA Development Florida,	LLC	
	d Liability Company)	
DOCUMENT NUMBER: L08000105463		
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted	
Please return all correspondence concerning this r	natter to the following:	
Libby Restuccio		
(Name of Person)		
Semper Woods, P.A.		
(Name of Firm/Company)		
425 W Colonial Dr Ste 204		
(Address)		
Orlando, FL 32804		
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Libby Restuccio at (407 650-8133 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative limited liability company.	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	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 S	tatutes, the undersigned,
Jonathan D. Woods, Esq. (Name of Registered Agent)	, hereby resigns as
Registered Agent for MVA Development Florida, LLC	<u>, </u>
(Name of Limited Liability Company)	
L08000105463	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited liabil	lity company at its last known address.
The agency is terminated and the office discontinued on the 31st day a	· · ·
If signing on behalf of an entity:)8 DEC
(Typed or Printed Name)	-5 Z
(Capacity)	2:

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi 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withdrawn limited liability company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