

L0900000 4095

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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*Handwritten signature*  
6/16/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Property Preservation Professionals LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** LO900000 4095

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:

Karin Danish  
Name of Person

Florida Property Preservation Professionals LLC  
Name of Firm/Company

7870 Centry Club Rd N.  
Address

St Petersburg, FL 33710  
City/State and Zip Code

Karin kdap@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Danish at (727) 418-4615  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

Adrienne C. Prince, hereby resigns as  
Name of Registered Agent

Registered Agent for Florida Property Preservation Professionals LLC

\_\_\_\_\_  
Name of Limited Liability Company

L09000004095  
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]

Signature of Resigning Agent

Adrienne C. Prince

If signing on behalf of an entity:

\_\_\_\_\_  
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withdrawn limited liability company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

10 JUN 14 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
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