L090000 10814

(Requestor's Name)
(toquests o name)
(Address)
(issues)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

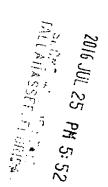
Office Use Only



300288193963

16 JUL 25 PH 12: 15
SECRE AND STATE
TALLAHASSEF, FLORIO

07/26/16--01002--017 **25.00



J. HARRIS



Schenk & Associates, PLC

Counselors at Law

July 19, 2016

Marco Island, FL office

Via First Class Mail

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Resignation of Registered Agent from

S & V Properties, LLC, a Florida limited liability company (dissolved)

Document #L09000010814

Dear Sir or Madam,

Enclosed for filing, please find:

1. Cover Letter

2. Statement of Resignation of Registered Agent for a Limited Liability Company

3. Check in the amount of \$25.00, dated July 11, 2016, payable to Florida Department of State

Should you have any questions, please do not hesitate to contact us. Thank you.

Very truly yours,

Robert W. Hock, J.D.

Office Manager

enclosures - as indicated

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: S & V PROPERTIES, LLC					
Name of Limited Liability Company					
DOCUMENT NUMBER: L09000010814					
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted				
Please return all correspondence concerning this matter to th	e following:				
Robert Hock					
Name of Person					
Schenk & Associates, PLC					
Name of Firm/Company					
606 Bald Eagle Drive, Suite 612					
Address					
Marco Island, FL 34145					
City/State and Zip Code					
roberth@schenk-law.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Robert Hock 239	394-7811				
Name of Person Area Code	Daytime Telephone Number				
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited				

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115	s, Florida Statutes, the und	ersigned,		
William Bennett, Jr.			, hereby resigns as		
	Name of Registered Agen	t	_,		
Registered Agent for _	S & V PROPERTI	ES, LLC			_
	Name of Limi	ited Liability Company			_,
L09000010814					
Document i	Number, if known	. <u></u>			
•		ntinued on the 31st day aft	y company at its last known er the date on which this sta		
If signing on behalf of	an entity:				
	Ту	yped or Printed Name	ALLAR	16 JUL 25	5)
		Capacity			r-mich
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolved withdrawn limited liabi	company ved/ voluntarily dissolved/	PH 12: 15	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314