609000109691

	(Requestor's Name)
	(Address)
	· - ,
	(Address)
-	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
	A. LUNT
1	, LOIVI
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	EXAMINER

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DVA PRO Name of Limit	PERTY, LLC red Liability Company	
DOCUMENT NUMBER:	L09000109691	
The enclosed Resignation of Registered Agent for filing.	or a Limited Liability Company and	fee are submitted
Please return all correspondence concerning this	matter to the following:	
Teresa D. Perez Name of Person		
Name of Firm/Company		And the Gaster G
619 Willard Avenue Address		ZELLAHOS 30
Lehigh Acres, FL 33972 City/State and Zip Code		AUG 30 PM 1:47
butykaty@aol.com E-mail address: (to be used for future annual report n	notification)	5
For further information concerning this matter, p	lease call:	
Teresa D. Perez at (239 225-8408 Area Code & Daytime Telephone Nu	mber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,	
	Alberto F. Perez, hereby resigns as	
Ŋ	ame of Registered Agent	
Registered Agent for	DVA Property LLC	_
	Name of Limited Liability Company	 3
L090001		
Document Numb	er, if known	
	was mailed to the above listed limited liability company at its last known address.	
The agency is terminated a	nd the office discontinued on the 31st day after the date on which this statement i	s filed.
_	Auberto Fle- Signature of Resigning Agent	
If signing on behalf of an e	Alberto F. Perez Typed or Printed Name Resigning Registered Agent	?
	Alberto F. Perez	ئىسىئىسى ئىسىئىسى
	Typed or Printed Name	estature E
	Resigning Registered Agent	Par State Company
	Capacity	
	Capacity P	Sta Name of F

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