

LI00000361100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

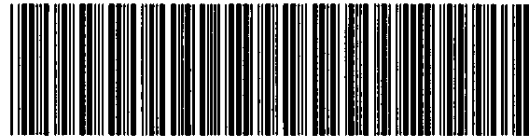
(Business Entity Name)

(Document Number)

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NOTARY OF STATE  
TALLAHASSEE, FLORIDA

2014 NOV -3 PM12:14

FILED

NOV 04 2014

J. B. [unclear]

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Resignation of Registered Agent

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

**DOCUMENT NUMBER:** L10000036160

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:

Lang Vo

\_\_\_\_\_  
Name of Person

LVDC III LLC

\_\_\_\_\_  
Name of Firm/Company

1914 James Redman Pkwy

\_\_\_\_\_  
Address

Plant City FL 33566

\_\_\_\_\_  
City/State and Zip Code

kasbar@ij.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lang Vo

\_\_\_\_\_  
Name of Person

at ( 813 ) 763-6396

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

NHS17 (2/14)

FILED  
2014 NOV -3 PM 12:14  
TALLAHASSEE, FL  
STATE  
TALLAHASSEE, FL

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Kinchat M Patel

Name of Registered Agent

, hereby resigns as

Registered Agent for LVDC III LLC

Name of Limited Liability Company

L10000038160

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.

Kinchat Patel

Signature of Resigning Agent

If signing on behalf of an entity:

Lang Vo

Typed or Printed Name

MGR

Capacity

FILED  
2014 NOV -3 PM 12:14  
CLERK OF STATE  
TALLAHASSEE FLORIDA

### 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