Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

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SECRETARY OF STATE

LLC REGISTERED AGENT RESIGNATION LAVIK SHEELA INVESTMENT LLC

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Electronic Filing Menu

Corporate Filing Menu

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MAY 3 1 2013

J. BRYAN

(((H13000117375 3)))

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LAVIK SHEELA INVESTMENT LLC (Name of Limited	Liability Company)
DOCUMENT NUMBER: L10000040776	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	atter to the following:
EDIE WHITEBREAD (Name of Person)	
INCORPORATING SERVICES, LTD. (Name of Firm/Company)	
3500 S. DUPONT HWY (Address)	
DOVER, DE 19901 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
EDIE WHITEBREAD at (Name of Person)	302) 531.0855 Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively limited liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
a masuamusuway a Ad other to	Tallahassee, FL 32301

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

totalistic to die broasi	003 01 \$600011 008.410(2) 01 008.309	, rionda Statutes, tite undersigned,
INCORPORATIN	G SERVICES, LTD.	, hereby resigns as
	(Name of Registered Agent)	, , <u>,</u>
Registered Agent for _	LAVIK SHEELA INVESTMENT L	LC
	(Name of Limited Liability Co	ompany)
L10000040776		
(Document Num	ber, if known)	
A copy of this resignat	ion was mailed to the above listed lin	nited liability company at its last known address.
The agency is terminat	ed and the office discontinued on the	31st day after the date on which this statement is filed.
	My Ba	201.
If signing on behalf of	an entity:	
	AMY BALKE	
	(Typed or Printed N	vame)
	ASSISTANT SECRETARY	
	(Canacity)	

\$ 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

INHS17 (08/05)