## 40000070548

(Req	uestor's Name)				
(Add	ress)				
(Add	ress)				
(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to F	filing Officer:				

Office Use Only



000293565080

12/27/16--01028--028 \*\*87.50

TILE OLIVER TORION

15.

**S Warren**JAN 1 9 2017



December 29, 2016

JOSEPH VANDERVOORT 11611 100TH STREET SOUTH BOYNTON BEACH, FL 33472

SUBJECT: AA CONDO MOVERS, LLC

Ref. Number: L10000070548

We have received your document for AA CONDO MOVERS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 416A00027697

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

SUBJECT: A A Condo Moves L Name of Limited Liabil	はCompany			
DOCUMENT NUMBER: L10000070	548			
The enclosed Resignation of Registered Agent for a Limitor filing.	ed Liability Company and fee are submitted			
Please return all correspondence concerning this matter to	the following:			
Joseph Vanderwoort Name of Person	_			
New heat Venture Enc. Name of Firm/Company	<del></del>			
11/01/ 100 Threat Sorth Address				
Boynton Seach Fl. 334, City/State and Zip Code	<u>~</u>			
E-mail address: (to be used for future annual report notification	)			
For further information concerning this matter, please cal	l:			
Richard Coivffreda at (954) Name of Person Area Co	Daytime Telephone Number			
Enclosed is a check made payable to the Florida Departm liability company or \$25.00 for an administratively dissolutional liability company.	ent of State for \$85.00 for an active limited ved, voluntarily dissolved or withdrawn limited			
MAILING ADDRESS: STR	EET ADDRESS:			
	Registration Section			
Division of Corporations Divi	Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

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

Pursuant to the provision	s of section 605.0115	, Florida Statutes, th	e undersigned,			
New Leef V	Cartered Jan Name of Registered Agent	<i>76</i> ,	, hereby res	igns as		
Registered Agent for					••••	
	Name of Limi	ted Liability Company				,
6 10000070	0548 nber, if known	_ <del></del>				
A copy of this resignation	n was mailed to the al	bove listed limited li	ability company at	its last k	nown ad	dress.
The agency is terminated	and the office discor	ntinued on the 31st d	ay after the date or	n which th	his stater	ment is filed.
	fulle	Signature of Resigning	Agent	(2) (2) (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	ii iii	<b>T</b> ]
If signing on behalf of an	-	Vander V yped or Printed Name	oort	TARY OF STATE	III WII PYI	FILED
		Capacity	<i>√</i> ′	TE 1DA	Ē	المونية -
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liab Administratively o withdrawn limited	oility company lissolved/voluntar d liability compan	rily disso	lved/	·

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