

L10000131233

(Requestor's Name)

(Address)

(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



900215056819

900215056819
12/13/11--01032--005 **110.00

2011 DEC 13 PM 1:20
DEPT. OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 14 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUPID PROPERTIES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000131233

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:

MILAN PATEL
Name of Person

CUPID PROPERTIES LLC
Name of Firm/Company

2 Television House, 269 Field End Road,
Address

Ruislip, Middlesex, HA4 9LS, ENGLAND
City/State and Zip Code

mp15@hotmail.co.uk
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILAN PATEL at (+44795) 8253901
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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,

A3 ENTERPRISES LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for CUPID PROPERTIES LLC

Name of Limited Liability Company

L10000131233

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.



Signature of Resigning Agent

If signing on behalf of an entity:

AYSHE KADIR

Typed or Printed Name

MANAGER

Capacity

FILED
2011 DEC 13 PM 1:20
SECRETARY 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