# L11000023283

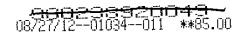
	equestor's Name)			
	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
	WAIT	<b>—</b>		
(Bu	isiness Entity Nar	ne)		
(0-				
(DC	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Citing Officer			
Special Instructions to Filing Officer:  AUG 2 8 2012  S. TONER				

Office Use Only

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### **COVER LETTER**

SUBJECT:	Ldv Mana Name of Limit	agement, L	LC
	ER: L11000023283		
The enclosed Resignation for filing.	n of Registered Agent fo	or a Limited L	iability Company and fee are submitted
Please return all correspo	endence concerning this	matter to the	following:
	DBIN MOLT me of Person		
	N SERVICE COMPAN	NY	
80 STATE	STREET 10TH FL Address	<u> </u>	
	NY NY 12207 ate and Zip Code	····	
E-mail address: (to be us	sed for future annual report n	ŕ	
ROBIN M Name of P	OLT at (	518 ) Area Code &	433-7018  Daytime Telephone Number
Enclosed is a check made liability company or \$25. limited liability company	e payable to the Florida 00 for an administrative	Department o ly dissolved,	f State for \$85.00 for an active limited voluntarily dissolved or withdrawn

### **MAILING ADDRESS:**

Amendment Section Division of Corporations

TO:

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 sect	tion 608.416(2) or 608.509, Florida Statutes, the un	idersigned,			
CORPORATION SERVICE COMPANY , hereby resigns as					
Name of	Registered Agent	_			
Registered Agent for	Ldv Management, LLC	Ldv Management, LLC			
	Name of Limited Liability Company	,			
L1100002328					
Document Number, if ki	nown				
A copy of this resignation was m	ailed to the above listed limited liability company a	at its last known address.			
	e office discontinued on the 31st day after the date of PAPORATION SERVICE COMPANY  Signature of Resigning Agent	on which this statement is filed.			
If signing on behalf of an entity:					
	ROBIN MOLT	SE SE			
	Typed or Printed Name				
	asst secretary				
	Capacity	27 SSE SSE			
		E C C C C C C C C C C C C C C C C C C C			
		F STA			

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES: \$ 85.00 Activ

\$ 25.00

Tallahassee, FL 32314