2/20000/3477

(Request	or's Name)
(Address	
(Address))
(City/Stat	e/Zip/Phone #)
PICK-UP] WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
	A. LUNT
	NOV 14 2012
	EXAMINER

Office Use Only



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11/08/12--01018--019 **85.00

COVER LETTER

Division of Corporations
SUBJECT: ASAP Home Renovations, LLC. Name of Limited Liability Company
DOCUMENT NUMBER: 120000 13471
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:
Michael Rosche Name of Person
Name of Firm/Company
1623 Brooks benoi dr. Address
Wlestey Chapel, Fl. 33543 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Ruschit at (8/3) 355-1442 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Amendment Section

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 provision	ns of section 608.416(2) or 60	8.509, Florida Statute	es, the undersigned,
Jodelle	L. ROSCHE Name of Registered Agent	,	hereby resigns as
	Name of Registered Agent		, ,
Registered Agent for	ASAI Home he	novations	LLC
	Name of Limited Liabi	lity Company	,
L1200001	3411		
Document Nu	imber, if known		
A copy of this resignation	on was mailed to the above lis	ted limited liability co	ompany at its last known address.
The agency is terminated	d and the office discontinued	on the 31st day after	the date on which this statement is filed.
	Signatur	e of Resigning Agent	
If signing on behalf of a	n entity:		
	Typed or Pr	inted Name	
	Сарасі	ty	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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