

L12 000093197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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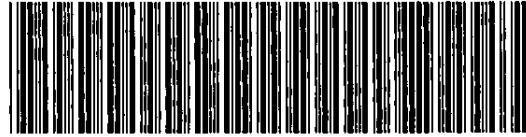
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE  
OCT 16 2012  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EMILIA PROPERTIES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000093197

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:

IVAN TUDURI  
Name of Person

EMILIA PROPERTIES LLC  
Name of Firm/Company

880 SW 68 COURT  
Address

MIAMI FL 33144  
City/State and Zip Code

EMILIAPROPERTIES@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVAN TUDURI at ( 786 ) 423-3045  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# 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,

ANA E. REMON FLEITAS<sup>e</sup>

, hereby resigns as

Name of Registered Agent

Registered Agent for EMILIA PROPERTIES, LLC

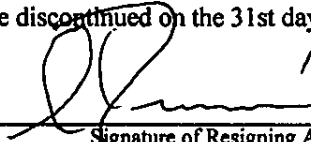
Name of Limited Liability Company

L12000093197

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:

ANA E Remon Fleitas

Typed or Printed Name

Manager

Capacity

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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