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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L18000122824

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : JONES FOSTER P.A.
 Account Number : 076077003231
 Phone : (561)650-0471
 Fax Number : (561)650-5300

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RIVERCITY11@COX.NET

LLC REGISTERED AGENT RESIGNATION NEVA, LLC

Certificate of Status	0
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 TALLAHASSEE, FL 32399
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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JONES FOSTER SERVICES, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for NEVA, LLC

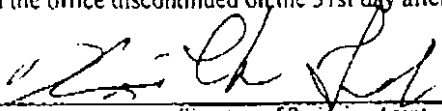
Name of Limited Liability Company

L18000122824

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:

KEVIN T. LAMB

Typed or Printed Name

MANAGER

Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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