

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : EXPAT CONSULTING CORP.
Account Number : 120190000096
Phone : (407)745-1112
Fax Number : (407)641-8083

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

Email Address: ACC@EXPATCONSULTING.COM

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION N&D VIVAN NUNES LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N&D VIVAN NUNES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000183384

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:

NILTON FREGNI

Name of Person

EXPAT CONSULTING CORP

Name of Firm/Company

8615 COMMODITY CIR, STE 11

Address

ORLANDO - FL - 32819

City/State and Zip Code

ACC@EXPATCONSULTING.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

NILTON FREGNI

Name of Person

at (207 745.1112)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

EXPAT CONSULTING CORP

Name of Registered Agent

, hereby resigns as

Registered Agent for N&D VIVAN NUNES LLC

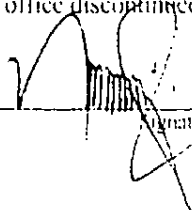
Name of Limited Liability Company

L20000183384

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:

MILTON FREGNI

Typed or Printed Name

P

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