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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

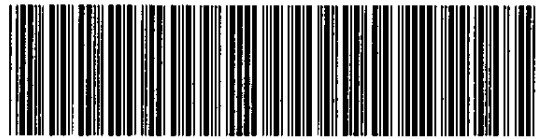
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TALLAHASSEE, FLORIDA

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8/3/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Home Derco / Tivoli LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** Monmon01457

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:

Scott Orth, Esquire  
Name of Person

Law Offices Scott Alan Orth, P.A.  
Name of Firm/Company

9999 NE 2 Ave; #204  
Address

Miami Shores, FL 33138  
City/State and Zip Code

orthlaw@BellSouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawlette Ekin at (305) 757-3300  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2009

SCOTT ORTH NBERG  
9999 NE 2 AVE #204  
MIAMI SHORES, FL 33138

SUBJECT: HOME DEVCO/TIVOLI, LLC  
Ref. Number: M00000001457

We have received your document for HOME DEVCO/TIVOLI, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 909A00026351

## 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,

Andrew Steinberg, hereby resigns as  
Name of Registered Agent

Registered Agent for Home Devco/Tivoli LLC  
Name of Limited Liability Company

Maroon 1457  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

Andrew Steinberg  
Typed or Printed Name  
Registered Agent  
Capacity

FILED  
09 AUG 27 AM 10:09  
SECRETARY OF STATE  
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