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(Business Entity Name)

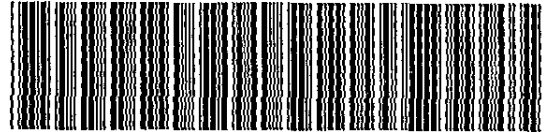
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. A. Resignation

T BROWN OCT - 5 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NVest, L.L.C.
(Name of Limited Liability Company)

DOCUMENT NUMBER: M03000004327

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:

Lauren M. Bailey
(Name of Person)

Clayton & McCulloh
(Name of Firm/Company)

1065 Maitland Center Commons Blvd.
(Address)

Maitland, Florida 32751
(City/State and Zip Code)

For further information concerning this matter, please call:

Lauren Bailey at (407) 875-2655 ext. 101
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 5, 2005

LAUREN M. BAILEY
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751

SUBJECT: NVEST, L.L.C.
Ref. Number: M03000004327

We have received your document for NVEST, L.L.C. and your check(s) totaling \$87.50. 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
Document Specialist

Letter Number: 905A00050590



Attorneys:

Kenneth M. Clayton
Neal McCulloh

Russell E. Klemm
Brian S. Hess

Joseph C. Stayanoff
Joy Carney

FAX TRANSMISSION COVER SHEET

To: Theresa

Fax No.: (850) 245-6897

From: Lauren Bailey, Client Services Paralegal

Date: October 5, 2005

Total number of pages transmitted, including this cover letter: 5

Special Instructions:

The pages comprising this facsimile contain confidential information being sent by Clayton & McCulloh. This information is intended solely for use by the individual entity named as the recipient hereof. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this transmission is prohibited. If you have received this transmission in error, please notify us by telephone immediately so we may arrange to receive this transmission at no cost to you.

Message: As discussed. Please call me at 888-793-1486 x 101 as soon as you know something. Thanks so much for your help!

The original of this fax:

☒ will not be sent unless requested; please retain this for your records.
☐ will be forthcoming by mail.

If you do not receive all of the pages, please call (407) 875-2655.

Web Site: www.clayton-mcculloh.com

Long Distance Toll Free: (888) 793-1486

Please Address Correspondence To: Main Office

Brevard County Branch Office:
Indian Harbour Beach Professional Plaza
2040 S.R. A1A, Suite 201
Indian Harbour Beach, FL 32937
Tel: (321) 777-0866
Fax: (321) 773-9681

Main Office:
The Clayton & McCulloh Building
1085 Maitland Center Commons Blvd.
Maitland, FL 32751
Tel: (407) 875-2655
Fax: (407) 875-3363

Volusia County Branch Office:
The Charles Tindall Building
408 North Wild Olive Avenue
Daytona Beach, FL 32118
Tel: (386) 947-9998
Fax: (386) 255-6148

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,

Russell E. Klemm

(Name of Registered Agent)

, hereby resigns as

Registered Agent for NVest, L.L.C.

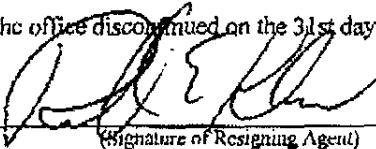
(Name of Limited Liability Company)

M03000004327

(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:

(Typed or Printed Name)

(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

FILED
05 OCT -5 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA