Moscocoll

(Requestor's Name)			
(Address)			
(Addr	ess)		
(City/State/Zip/Phone #)			
		MAIL	
(Business Entity Name)			
(D		· · · · · · · · · · · · · · · · · · ·	
(Docu	iment Number)		
Cartified Capies	Cortificator	- of Status	
Certified Copies Certificates of Status			
			
Special Instructions to Fil	ing Officer:		
Office Use Only			
G. MCLEOD			
OCT 15 2010			

EXAMINER

200186380392

10/14/10--01005--002 **25.00

FILED 10 OCT 14 AMID: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA TO: Amendment Section **Division of Corporations**

SUBJECT:

. .

CVSC, LLC Name of Limited Liability Company

DOCUMENT NUMBER:

_____<u>M050</u>0000866

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:

Mary E. Fink Name of Person

National Corporate Research, LTD., Inc. Name of Firm/Company

615 South DuPont Highway Address

> Dover, DE 19901 City/State and Zip Code

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

For further information concerning this matter, please call:

800) 483-1140 Area Code & Daytime Telephone Number Mary E. Fink at (____ Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

NATIONAL CORPORATE RESEARCH, LTD., INC. , hereby resigns as

Name of Registered Agent

Registered Agent for _____

н н Ц

CVSC, LLC

Name of Limited Liability Company

M0500000866

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:

Wayne Rafanelli	
Typed or Printed Name	
Vice President	Eg a
Capacity	
	ASS ASS

FILING FEES:

\$ 85.00 \$ 25.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company :0 H

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS17 (08/05)