# M07000UU3627

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		





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PALLAHASSEE, FLORID

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#### **COVER LETTER**

Division of Corporations
SUBJECT: AMERICAN ELECTRIC Vehicle Company LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: M0700000 3627
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:
BARBARA G. SWEET (Name of Person)
(Name of Firm/Company)
1563 ALFORD PLACE STE 1 (Address)
JACKSONVINE, FL 32207 (City/State and Zip Code)
For further information concerning this matter, please call:
BARBORA G. SWEET at (904) 858-9501 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,	
<u>DRG Homes &amp; NEIGHBORHOUS LLC</u> , hereby resigns as (Name of Registered Agent)	
Registered Agent for AMERICAN ELECTRIC VEHICLE COMPANY LLC	
(Name of Limited Liability Company)	
M 0 7 0 0 0 0 3 6 2 7 (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:	
MACK D. BISSETTE 111 (Typed or Printed Name)	90
MANAGER/MEMBER (Capacity)	35.6
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Make checks payable to Florida Department of State and mail to:
Division of Corporations

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallahassee, FL 32314

INHS17 (08/05)