

May 4, 2011

10:19 AM on SALVATORI & WOOD

No 1881

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m07000005262

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS  
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To:

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

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL  
Account Number : I20030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-1706

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
PROVIDENT NAPLES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

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10/5/5/11

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Provident Naples, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M07000005262

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:

Stanley A. Bunner  
Name of Person

Salvatori, Wood & Buckel  
Name of Firm/Company

9132 Strada Place, Fourth Floor  
Address

Naples, FL 34108  
City/State and Zip Code

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

For further information concerning this matter, please call:

Stanley A. Bunner at ( 239 ) 552-4100  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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May. 4. 2011 11:19AM

SALVATORI & WOOD

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## 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,

Salvatori, Wood & Buckel (f/k/a Salvatori, Wood, Buckel & ), hereby resigns as  
Name of Registered Agent

Registered Agent for Provident Naples, LLC

Name of Limited Liability Company

M07000005262

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:

Leo J. Salvatori

Typed or Printed Name

Manager

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

INHS17 (08/05)

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