

M090000000223

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Trevi  
2-25-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Providence Partners International LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** MO9000000223

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:

Valerie Silveira  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

77 Harbor Dr. # 39  
Address

Key Biscayne FL 33149  
City/State and Zip Code

Vsilveira@ipogreen.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Silveira at (786) 447-7744  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

February 2, 2010

VALERIE SILVEIRA  
77 HARBOR DR., #39  
KEY BISCAVNE, FL 33149

SUBJECT: PROVIDENCE PARTNERS INTERNATIONAL, LLC  
Ref. Number: M09000000223

We have received your document for PROVIDENCE PARTNERS INTERNATIONAL, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

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: 110A00002715

## 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,

Valerie Silveira, hereby resigns as  
Name of Registered Agent

Registered Agent for

Prvidence Partners International LLC

Name of Limited Liability Company

m09000000223

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.

Val Silveira  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILED**  
2010 FEB 23 P 3:09  
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