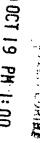
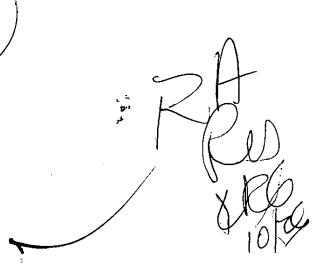
(Requestor's Name)
(Address)
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COVER LETTER

SUBJECT: Heritage of America, LLC d/b/a MILVETCENTER, LLC
SUBJECT: Heritage of America, LLC d/b/a MILVETCENTER, LLC Name of Limited Liability Company
DOCUMENT NUMBER: M09000001241
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:
Thomas Kiley
Name of Person
Heritage of America, LLC
Name of Firm/Company
2450 South 4th Avenue, Suite 102 Address
Yuma, AZ 85364 City/State and Zip Code
tkilev@heritageofamerica.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Kiley at (928) 726-3911 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Amendment Section

Division of Corporations

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	s of section 608.416(2) o	or 608.509, Florida Statutes, the	undersigned,
Joshua E. Shannon		, hereb	y resigns as
	Name of Registered Agent		, 2
Registered Agent for	Heritage of America, LLC d/b/a MILVETCENTER, LLC		
	Name of Limited	Liability Company	,
M09000	001241	_	
Document Nun	nber, if known		
A copy of this resignation	was mailed to the abov	e listed limited liability compar	y at its last known address.
The agency is terminated	and the office discontinu	ued on the 31st day after the da	te on which this statement is filed.
	Sig	mature of Resigning Agent	_
If signing on behalf of an	entity:		
· -			O da
	Typed	or Printed Name	90CT
	C	apacity	19
			09 OCT 19 PM 1:00
	FILING FE \$ 85.00 A \$ 25.00 A	ES: ctive limited liability company dministratively dissolved/ volu rithdrawn limited liability com	ntarily dissolved/

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