LTDDDD9878

(Requestor's Name)		
(Address)		
(Address)		
(* (dd.1655)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
·		
(Business Entity Name)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
eposial monutations to raining officer.		

Office Use Only



000294891920

01/31/17--01039--003 **367.50

FEB 01 2017 S. YOUNG 17 JAN 31 PM 3: 57

SECRETARY OF STATE
TALL MIASSEE, FLORIDA

COVER LETTER

SUBJECT: BOWEN, MICLETTE & BRITT OF SOUT		
Name of Limited Liabil	ity Company	
DOCUMENT NUMBER: L00000009878		
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are so	ubmitted
Please return all correspondence concerning this matter to	the following:	
Amanda Archambault		
Name of Person	_	
National Corporate Research, LTD.		
Name of Firm/Company	_	
850 New Burton Rd Suite 200		
Address	_	
Dover, DE 19904		
City/State and Zip Code	_	IAI.
		TARE TARE
E-mail address: (to be used for future annual report notification))	JAHASS
For further information concerning this matter, please call	l :	29 C. C.
Amanda Archambault 866	621-3524 ext. 3041	
Name of Person Area Coc	de Daytime Telephone Number	少 競量

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.	
National Corporate Research, LTD. , hereby resigns as	
Name of Registered Agent	
Registered Agent for BOWEN, MICLETTE & BRITT OF SOUTH FLORIDA, LLC	 .
Name of Limited Liability Company	•
L0000009878	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its last known address	S.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement	is filed.
Blookl D. Llay Signature of Resigning Agen	in Ser
If signing on behalf of an entity:	CRETARY
Brooke Daugherty-Hayes	2 SSF
Typed or Printed Name	
Assisiani Secretary	11.
Capacity	3: 51 GREE

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