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## **COVER LETTER**

SUBJECT: W & S Ventures of Jacksonville, LLC  Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L10000008001	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Corinne P. McClure, Senior Paralegal	
Name of Person	_
McGuireWoods LLP	
Name of Firm/Company	<del>_</del>
50 North Laura Street, Suite 3300	
Address	_
Jacksonville, FL 32202	
City/State and Zip Code	_
cmcclure@mcguirewoods.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Corinne McClure 904	798-3294
Name of Person Area Code	798-3294 Daytime Telephone Number

#### MAILING ADDRESS:

**TO:** Registration Section Division of Corporations

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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Flori	da Statutes, the unders	signed,				
RAX Co.	, hereby resigns as						
	Name of Registered Agent		- 9				
Registered Agent for _	W & S Ventures of Jacks	onville, LLC					
	Name of Limited Liab	ility Company				_•	
L10000008001							
Document N	Sumber, if known						
A copy of this resignat	ion was mailed to the above li	sted limited liability c	ompany at its last	known a	ddress		
The agency is terminat	ed and the office discontinued	on the 31st day after	the date on which	this state	ement i	is filed	
	Luci O. Signatu	Taylor ire w Resigning Agent	<del></del>	SECR FALLA	19 JUN -5		
If signing on behalf of	an entity:			CRC IAH Y	湮		
	Lisa O. Taylor			57;± 70;± 70;±			
	Typed or I	rinted Name	<del></del>	. (C)	PH 3: 3		
	President			25 25 25 25 25	ယ့	1	
	Сарас	rity		AGE AGE	<u>ب.                                    </u>		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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