# Requester's Name Address City/State/Zip Phone # City/State/Zip Phone # \*\*\*\*\*\*87.50 \*\*\*\*\*\*87.50

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #)
2. (Corporation Name)	
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 26, 2000

WORLDWIDE, INC. 929 WESTWINDS BLVD. TAPON SPRINGS, FL 34689

SUBJECT: THE GERMAN COUNTRY STORE, LLC

Ref. Number: L0000007313

We have received your document for THE GERMAN COUNTRY STORE, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6916.

Carol Mustain Corporate Specialist

Letter Number: 100A0005054

RECEIVED
00 OCT -2 AM 10: 17
MINISION OF CORPORATIONS



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 608.416(2) or 608.509, Florida Statutes,	the undersigned,
Christian Zel	ler	, hereby resigns as
	(Name of Registered Agent)	, necesy resigns as
Registered Agent for	The German Country Store, LLC	
A copy of this resignat	(Name of Limited Liability Company) ion was mailed to the above listed limited liability compa	00 OCT
address.	compa	iny at its fast known
The agency is termina statement is filed.	ted and the office discontinued on the 31st day after the	date entwhich this
, 	Det Felle	
	(Signature)	<del></del>

FILING FEES:

\$ 87.50 Active Limited Liability Company
\$ 35.00 Dissolved Limited Liability Company

INHS17(3/95)