

LD3000017687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400120775214

03/25/08--01003--006 **195.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 25 PM 4:09

FILED

RA Res.

[Handwritten signature]

3/26

cm

Ronald Bailey, Jr. CPA
Certified Public Accountant
2241 Imperial Golf Course Blvd.
Naples, FL 34110
Tele (239) 285-6460 Fax (239) 514-1751
baileycpa@yahoo.com

March 21, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Agent and Member Changes

Dear Sirs/Madam:

This alerts you to changes of registered agent on two entities and withdrawal of manager on one entity.

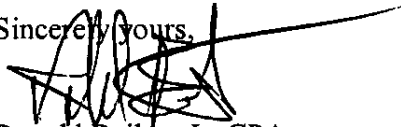
These entities are being managed and owned by other parties who have not made appropriate changes in over a year. Therefore, please make these changes.

The correct address for these entities is as follows:

c/o Matt Miller
Westpoints Entities
1035 Collier Center Way
Naples, FL 34110.

I can be reached at the above number if I can be of help.

Sincerely yours,


Ronald Bailey, Jr. CPA
Certified Public Accountant

enc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Westpoints Capital Group, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L03000017687

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:

Ronald Bailey, Jr.
(Name of Person)

(Name of Firm/Company)

2241 Imperial Golf Course
(Address)

Naples, FL 34110
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald Bailey, Jr. at (239) 285-6460
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Ronald Bailey, Jr.

(Name of Registered Agent)

Registered Agent for **Westpoints Capital Group, LLC**

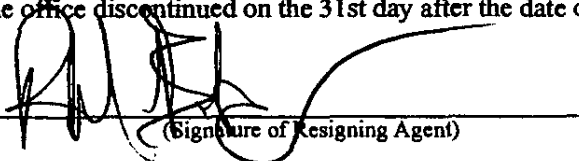
(Name of Limited Liability Company)

L03000017687

(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
08 MAR 25 PM 4:09
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