L04000000931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Memo
6-3-09

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** Walt Kanyer Enterprises, LLC
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000000931

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:

Walter Kanyer
Name of Person

Walt Kanyer Enterprises, LLC
Name of Firm/Company

P.O. Box 7900
Address

Wesley Chapel, FL 33545
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter Kanyer at ( 813 ) 767-8299
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

John E. Henson, CPA , hereby resigns as
Name of Registered Agent

Registered Agent for Walt Kanyer Enterprises, LLC

Name of Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L04000000931
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.

John E Henson
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)