## L04000036696

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				



09/14/15--01035--011 \*\*110.00



## HONIGMAN .

Honigman Miller Schwartz and Cohn LLP Attorneys and Counselors

Jeffrey D. Smith

(269) 337-7722 Fax: (269) 337-7723 jsmith@honigman.com

September 9, 2015

\$13.15

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

Re: Bar W Land Company, LLC

Document Number L04000026696

Dear Sir or Madam:

Enclosed please find the following documents for filing relating to the above-referenced company:

- Statement of Resignation of Registered Agent for a Limited Liability Company; 1.
- 2. Articles of Amendment to Articles of Organization of Bar W. Land Company, LLC.

Also enclosed is our check in the amount of \$110 for the filing fees for these documents. Please return the letter of acknowledgment to our office. Thank you.

Very truly yours,

MILLER SCHWARTZ AND COHN LLP

Jeffrey D. Smith

Admitted in Michigan, Florida and Indiana

JDS/djb **Enclosures** 

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: BAR W LAND COMPANY, LLC	
Name of Limited I	Liability Company
DOCUMENT NUMBER: L04000026696	
The enclosed Resignation of Registered Agent for a left for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this mat	ter to the following:
Jeffrey D. Smith	
Name of Person	
Honigman Miller Schwartz and Cohn LLP	
Name of Firm/Company	
350 East Michigan Avenue, Suite 300	
Address	
Kalamazoo, Michigan 49007-3800	
City/State and Zip Code	
jwagner140@aol.com	
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please	e call:
Jeffrey D. Smith	337-7722
Name of Person at ( Are	a Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Dep liability company or \$25.00 for an administratively d liability company.	artment of State for \$85.00 for an active limited issolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
	Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,				
Brennan Smith , hereby resigns as				
Name of Registered Agent				
Registered Agent for Bar W Land Company, LLC				
Name of Limited Liability Company				
L04000026696				
Document Number, if known				
A copy of this resignation was mailed to the above listed limited liability company at its last known ad	ldress.			
The agency is terminated and the office discontinued on the 31st day after the date on which this state  Signature of Resigning Agent	ment is fil	ed.		
If signing on behalf of an entity:		~>		
Brennan Smith	### 579 \$77	2015		
Typed or Printed Name		SEP	77	
Capacity		- t-		
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company		PH 12: 33	<u>.</u>	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314