

104 0000 360 53

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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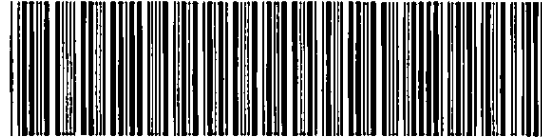
(Business Entity Name)

(Document Number)

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R. WHITE
JUN 05 2019

FILED
2019 MAY 20 AM 10:56
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WV Capital Holdings LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000036053

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:

Barry M. Steagall
Name of Person()

Attorney-at-Law
Name of Firm/Company

15816 - 1st St. East
Address

Redington Beach, FL 33708
City/State and Zip Code

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

For further information concerning this matter, please call:

Barry M. Steagall at (727) 343-4511
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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 provisions of section 605.0115, Florida Statutes, the undersigned,

Barry M. Steagall, hereby resigns as
Name of Registered Agent

Registered Agent for WV Capital Holdings, LLC
Name of Limited Liability Company

L04000036053
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.

Barry M. Steagall
Signature of Resigning Agent

If signing on behalf of an entity:

N/A
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

FILED
2019 MAY 20 AM 10:56
TALLAHASSEE
FLORIDA