

L05000006972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

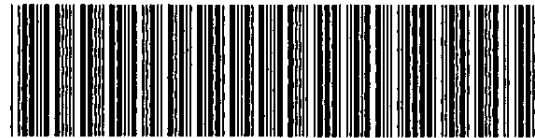
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600244556716

02/21/13--01030--020 **85.00

SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001

2013 FEB 21 AM 8:55

FILED

J. SAULSBERRY
EXAMINER
J. SAULSBERRY
EXAMINER
FEB 22 2013

FEB 22 2013



February 14, 2013

RE: SERVICE WEST COAST, LLC (FL.DOM)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount of \$ 85.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

NATIONAL REGISTERED AGENTS, INC.

Theresa Alfieri

Theresa Alfieri
Senior Supervisor &
Assistant Secretary
(212) 894 8516

TA:lf
Enclosure

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2013 FEB 21 AM 8:55

FILED

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,

NRAI SERVICES, INC.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for SERVICE WEST COAST, LLC (FL.DOM)

(Name of Limited Liability Company)

L05000006972

(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:

NRAI SERVICES, INC. - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

FILED
2013 FEB 21 AM 8:55
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withdrawn limited liability company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