Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001347203)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: INCORPORATING SERVICES FL Account Name

Account Number: I20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT RESIGNATION FTW601, LLC

Certificate of Status	0
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Page Count	02
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FTW601, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L05000029671
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:
EDIE WHITEBREAD (Name of Person)
INCORPORATING SERVICES, LTD. (Name of Firm/Company)
3500 S. DUPONT HWY (Address)
DOVER, DE 19901 (City/State and Zip Code)
For further information concerning this matter, please call:
EDIE WHITEBREAD  at ( 302 ) 531.0855  (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statut	es, the undersigned,	
INCORPORATING SERVICES, LTD. (Name of Registered Agent)	hereby resigns as	
Registered Agent for FTW601, LLC		
(Name of Limited Liability Company)		
L05000029671 (Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liability c		
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:	11 MAY	SECR
CANDICE B. SWETLAND	- 19 TOF	eT.
(Typed or Printed Name)  ASSISTANT SECRETARY  (Capacity)	9 PH 3: 35	ILEU
	<b>3.</b> ₹	

FILING FEES: \$ 85.00 Active \$ 25.00 Admin Active limited liability company
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