| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section

Division of Corporations MIDWEST DEVELOPERS, LLC Name of Limited Liability Company DOCUMENT NUMBER: L06000023861 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: JIM D. SHUMAKE Name of Person JIM D. SHUMAKE, ATTORNEY AT LAW Name of Firm/Company 900 6TH AVENUE SOUTH, STE. 202 Address **NAPLES, FL 34102** City/State and Zip Code jdshumakelaw@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JIM D. SHUMAKE, ATTORNEY Daytime Telephone Number Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:** STREET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

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, | | |
|------------------------------------------------------------------------------------|-----------------------------------------------|--|
| VITO PLANO | , hereby resigns as | |
| Name of Registered Agent | , notes, resigns as | |
| Registered Agent for MIDWEST DEVELOPERS, LLC | | |
| Name of Limited Liability Company | , | |
| • | | |
| L06000023861 | Fire cons | |
| Document Number, if known | 10 10 mm | |
| 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 | er the date on which this statement is filed. | |
| X JHW 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/ 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