

LD6 D00072844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

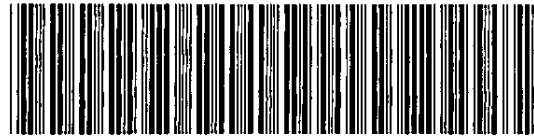
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Corrected For
an LLC -

(Signature)



000130660890

06/25/08--01021--018 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 25 PM 2:49

FILED

RA Res.

SP

6/27

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: W.S. PROPERTIES, LLC
(Name of Corporation)

DOCUMENT NUMBER: LOG 0000 72844

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Williams
(Name of Person)

W.S. PROPERTIES, LLC
(Name of Firm/Company)

12441 ADVENTURE DR
(Address)

RIVERVIEW, FL 33579
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Williams at (727) 647-7986
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

chapter 608

Pursuant to the provisions of ~~sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,~~

Florida Statutes, the undersigned,

SCOTT WILLIAMS

(Name of Registered Agent)

hereby resigns as Registered Agent for

W.S. PROPERTIES, LLC

(Name of Corporation)

LLC

LO6000072844

(Document Number, if known)

A copy of this resignation was mailed to the above listed ~~corporation~~ at its last known address.

LLC

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Scott Williams

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

JUN 25 PM 2:49

FILED

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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