L06000099653

(Re	equestor's Name)				
(ite	iquestor s reame)				
(Ad	ldress)				
,					
(Address)					
		•			
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
1					

Office Use Only



200081384462

11/06/06--01038--024 **35.00

FILED

2006 NOV 14 AM 8: 37

SECRETARY OF STATE
TALLAHASSEF E STATE

R.A. Resign.

C. Coulliette NOV 1 5 2006



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2006

ROSS M. JOHNSTON JOHNSTON & JOHNSTON LAW OFFICE, P.A. 10800 BISCAYNE BLVD., STE. 540 MIAMI, FL 33161

SUBJECT: WRITENOW ABC, L.L.C.

Ref. Number: L06000099653

We have received your document for WRITENOW ABC, L.L.C. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have used the form for a regular corporation resignation of registered agent. You will need to complete the correct form I am enclosing for your convenience and return with a copy of this letter to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 406A00065816

kontroju (j. k.), pis ontojuj king shaughkotoj Grasio koritiski kom dodinivskih alodik rija is odkili nija je raji, k rijgija cin gek s do

TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: WriteNow ABC, 21C (Name of Limited Liability Company)			
DOCUMENT NUMBER: 106000099653			
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:			
Ross M. Johnston (Name of Person)			
Johnston & Johnston Law Office (Name of Firm/Company)			
10800 Biscaune Blud., Ste, 540 (Address)			
Miami FL 3316/ (City/State and Zip Code)			
For further information concerning this matter, please call:			
Ross M. Johns for at 305, 892-8250 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399			

TO: Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.50	9, Florida Statutes, the unde	ersigned,
Koss A	1 Tohm for lame of Registered Agent)	, hereby resi	gns as
Registered Agent for	WriteNow Al	BC, LLC	<u>. </u>
	(Name of Limited Liability C	Company)	,
LO6 OOOO (Document Number,			
A copy of this resignation	was mailed to the above listed li	imited liability company at i	its last known address.
The agency is terminated a	nd the office discontinued on the (Signature of Resign	Instern	which this statement is filed.
If signing on behalf of an e	entity:		2006 SECI
	(Typed or Printed	i Name)	2006 NOV 1 SEURETAR ALLAHASS
_	(Capacity)		FILED 14 AM 8: 3; RY OF STATE SEE, FLORID,

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