Division of Corporations Electronic Filing Cover Sheet

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(((H140000803193)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

: (702)866-2689 Fax Number

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

Email Address:

LLC REGISTERED AGENT RESIGNATION REYNOLDS & WERMAN, LLC

Certificate of Status	0
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C. LEWIS

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations

1111 P

SUBJECT: REYNOLDS & WERMAN, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L07000027327	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
2360 Corporate Circle, Suite 400	
Address	
Henderson, NV 89074	
City/State and Zip Code	
processing@incorp.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Incorp Services, Inc./Wendy Hefley 702	866-2500 ext 6601
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

INHS17 (2/14)

12:55:20 p.m. 04-03-2014

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SECRETARY OF STATE TALLAHASSEE, FLORID.

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 603.	U115, Florida Statutes, the	e undersigned,	
Incorp Services, I	Inc.		, hereby resigns as	
	Name of Registered	_	,, ,	
Registered Agent for _	REYNOLDS &	WERMAN, LLC		
<u> </u>	Name of	Limited Liability Company	<u> </u>	
L07000027327				
Document 1	Number, if known			
A copy of this resignate	tion was mailed to t	the above listed limited lia	bility company at its last known address.	
The agency is termina	ted and the office d	signature of Resigning A	ay after the date on which this statement is filed	d,
If signing on behalf of	an entity:	0 ()		
	Wendy Hefle	y for Incorp Services,	, Inc.	
		Typed or Printed Name		
	Authorized R	lepresentative		
		Capacity		

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