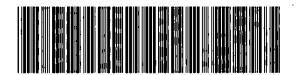
L07000059018

(Requestor's Name)		
(Address)		
(Address)		
•		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of State	us	
Special Instructions to Filing Officer:		
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TALLAHASSEE, FLORIDI

RA Resign 10-28-09

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	World Wide Realty, LLC Name of Limited Liability Company
	• • •
DOCUMENT NUMBER:	L07000059018
The enclosed Resignation of Refor filing.	gistered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence	concerning this matter to the following:
Brenna L	
Name of P	erson
BizFilir	<u>-</u>
Name of Firm/	Company
8040 Excelsior [Or Suite 200
Addres	S
Madison, W	1 53717
City/State and	Zip Code
E-mail address: (to be used for fu	ture annual report notification)
For further information concerns	ing this matter, please call:
Brenna Lutter	at (608) 827-5300 x232
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

· · · RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provision	s of section 608.416(2) or 608.509, Florida Statutes, the undersigne	:d,
BUSINES	S FILINGS INCORPORATED , hereby resigns as	
	Name of Registered Agent	40 1 1
Registered Agent for	World Wide Realty, LLC	
	Name of Limited Liability Company	SET D
	0059018	F. SEE IN 2
Document Nu	mber, if known	Du d
A copy of this resignation	on was mailed to the above listed limited liability company at its last	known address.
The agency is terminated	d and the office discontinued on the 31st day after the date on which	this statement is filed.
	Ballon of Resigning Agent	
If signing on behalf of a	n entity:	
	Brenna Lutter	
	Typed or Printed Name	
	Asst. Sec., Business Filings Incorporated	
	Capacity	

FILING FEES: \$ 85.00 Active

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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