L07000073032

(Requestor's Name)					
(Address)					
(Address)					
(Martin)					
(City/State/Zip/Phone #)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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12 APR 24 PM 1: 50
SECRETARY OF STATE

COVER LETTER

SUBJECT: HWL Computer Center Name of Limited Liability Company				
Name of Limited Liability Company				
DOCUMENT NUMBER: L07000073032				
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:				
George T Herpich Name of Person				
Name of Person				
HWL Computer Center LLC				
Name of Firm/Company				
8912 SW 49 ST Address				
Cooper City, FL 33328 City/State and Zip Code				
hwlcomputer@yahoo.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
George Herpich at (954) 816-5719 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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**

•	of section 608.416(2) or 608.50		_		
	Seorge T Herpich Jame of Registered Agent	, hereby resignation	gns as		
Registered Agent for	HWL C	HWL Computer Center LLC			
- 11	Name of Limited Liability	Company	,		
L070000			•		
	was mailed to the above listed	limited liability company at i	ts last known address.		
The agency is terminated a	and the office discontinued on the	he 31st day after the date on v	which this statement is filed.		
If signing on behalf of an o	entity:		P APR 2		
_	Typed or Printed	I Name	ILED 24 PH RRY OF SSEE, E		
_	Capacity		*I: 5 0 State Lorid		

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company
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withdrawn limited liability company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