

L08000021217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

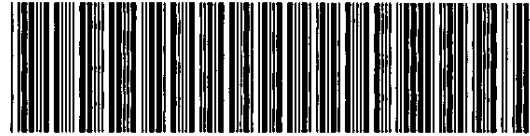
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600252686856

10/22/13--01009--003 \*\*25.00

FILED  
2013 OCT 22 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 23 2013

T. HAMPTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **NASH MARTIN HOLDINGS LLC**

Name of Limited Liability Company

**DOCUMENT NUMBER:** **L08000021217**

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:

**Jillian Marschke**

Name of Person

**BUSINESS FILINGS INCORPORATED**

Name of Firm/Company

**8040 Excelsior Dr. Suite 200**

Address

**Madison, WI 53717**

City/State and Zip Code

**agent@bizfilings.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jillian Marschke**

Name of Person

at ( **800** ) **981-7183**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**BUSINESS FILINGS INCORPORATED**

, hereby resigns as

Name of Registered Agent

Registered Agent for **NASH MARTIN HOLDINGS LLC**

Name of Limited Liability Company

**L08000021217**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

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

  
Signature of Resigning Agent

If signing on behalf of an entity:

**Jillian Marschke**

Typed or Printed Name

**Assistant Secretary Business Filings Incorporated**

Capacity

**FILED**  
2013 OCT 22 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **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**