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PICK-UP	MAIT	MAIL	
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(Docu	ument Number)		
Certified Copies	Certificates of Status		
Special Instructions to Fi	ling Officer:		





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AMAZAMANSKA, FLORIDA

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SEP. -3 2014

## **COVER LETTER**

SUBJECT: SWISS JEWELERS, L.L.C.	
	d Liability Company
DOCUMENT NUMBER: L08000027114	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	atter to the following:
MARI HUFF, CPA	
Name of Person	····
Name of Firm/Company	
Ph Box 3058	
Address	<del></del>
STUART, FLORIDA 3499	
City/State and Zip Code	
MARI@EHBPA.COM	
E-mail address: (to be used for future annual report no	ification)
For further information concerning this matter, ple	ease call:
MARI HUFF	772 (283-7404
Name of Person	772 283-7404 Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.0115	s, Florida Statutes, the unc	dersigned,		
MARI HUFF CPA P	A-A CLOSED CC	RPORATION	, hereby resigns as		
	Name of Registered Agen				
Registered Agent for S\	WISS JEWELERS	S, L.L.C.			
	Name of Limi	ited Liability Company		,	
L08000027114					
Document Nu	mber, if known	<del></del>			
A copy of this resignation	n was mailed to the a	bove listed limited liability	ty company at its last kr	nown address.	
The agency is terminated	and the office discor	ntinued on the 31st day af Signature of Resigning Agen		is statement is filed	l <b>.</b>
If signing on behalf of a	n entity:			は、	
	MARI HUFF CPA	A PA-A CLOSED CO	RPORATI		*F=1
	Т	yped or Printed Name			77
	FORMER PRES	IDENT OF CLOSED	CORPOR		'n
		Capacity		PH IZ:	j
				MA 12: 1	
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company lved/ voluntarily dissol- pility company	ved/	

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