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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 01 2015 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DISCOUNT BOOK SALE LLC  Name of Limited Liability Company
DOCUMENT NUMBER: LOSOCOGIS 95
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:
WALTER H. MESSICK Name of Person
Name of Person
Name of Firm/Company
Name of Firm/Company
1900 LORPORATE BLVD. STE 101 WEST Address
Address
BOCA RATON, FL 33431  City/State and Zip Code
City/State and Zip Code
MESSICKW@ BELLSONTH. NET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WALTER It, MESSICK at (561) 995-8868  Name of Person Area Code Daytime Telephone Number
Name of Ferson 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

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

Pursuant to the provision	s of section 605.0115	5, Florida Statutes, the	undersigned,	
WALTER It.	MESSICK, &	P.A.	hansharanione e	
<del></del>	Name of Registered Agen		, hereby resigns a	.5
Registered Agent for	ISCOUNT	BOOK SE	ALE, LLC	
	Name of Limi	ited Liability Company		,
LOSOOO O  Document Nun				
A copy of this resignation	was mailed to the al	bove listed limited liab	oility company at its la	st known address.
The agency is terminated	and the office discor	ntinued on the 31st day	after the date on which	ch this statement is filed.
	hatta	fr. men	1	
•		Signature of Resigning A	gent	
If signing on behalf of an	entity:			
	WALT	TER 4, MES	SICK	
•	Ту	yped or Printed Name		≥S = E
	PRESIDENT			55 A
		Capacity		15 JUN 30 BECRETARY LLAHASSE
	FILING   \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively dis withdrawn limited l	lity company ssolved/voluntarily di liability company	RY OF SIAN (issolved)

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