

LO8000109838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
DEC 27 2012

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Always Independent LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000109838

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:

Alyssa C Greenhut

Name of Person

Name of Firm/Company

6264 Black Fox Way

Address

Tallahassee, FL 32312

City/State and Zip Code

AlyssaGreenhut@aol.com

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

For further information concerning this matter, please call:

William P Thompson at (850) 322-7147

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## 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,

**William P Thompson**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **Always Independent LLC**


\_\_\_\_\_  
Name of Limited Liability Company

**L08000109838**

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### **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**

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**2012 DEC 20 AM 8:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**