L 09000009 656

(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

B. KOHL



200245609042

03/12/13--01032--009 **75.00

13 HAR AF PH 3: 10
SECTIONARY OF STATE
BALLAHASSEE, FLORIDA



COVER LETTER

Amendment Section TO: Division of Corporations

SUBJECT:	WHARTON	REALTY LLC
-		Name of Limited Liability C

of Limited Liability Company

DOCUMENT NUMBER: L09000009656

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:

ALEXANDER TUKH

Name of Person

NA

Name of Firm/Company

427 GOLDEN ISLES DRIVE 10A

Address

HALLANDALE, FL 33009

City/State and Zip Code

ALEXTUKH@HOTMAIL.COM

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

For further information concerning this matter, please call:

ALEX TUKH

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	The state of the s
Pursuant to the provisions of section 608.416(2) or 608.509,	Florida Statutes, the undersigned
ALEXANDER TUKH	, hereby resigns as
Name of Registered Agent	R- P
Registered Agent for WHARTON REALTY LLC	المعتبرة في المحتبرة
Name of Limited Liability Com	pany
L09000009656	
Document Number, if known	
A copy of this resignation was mailed to the above listed lim	ited liability company at its last known address.
The agency is terminated and the office discontinued on the Signature of Res	
If signing on behalf of an entity:	
Typed or Printed Na	me
Canacity	

\$85.00 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withdrawn limited liability company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