

L09000013625

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

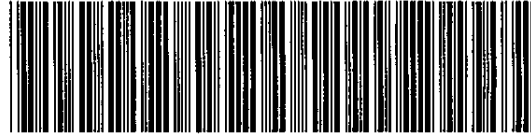
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900234733429

05/07/12--01019--019 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 30 PM 2:36

MAY 31 2012

T. HAMPTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DEWEY, KOLECTHAM & HOWE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000013625

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:

BRIAN L. LERNER  
Name of Person

WARD KIM VAUGHAN & LERNER LLP  
Name of Firm/Company

100 SE THIRD AVENUE, SUITE 2001  
Address

FORT LAUDERDALE, FL 33394  
City/State and Zip Code

BLERNER@WARDKIM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN L. LERNER at ( 954 ) 527-1115  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2012

BRIAN L LERNER  
WARD KIM VAUGHAN & LERNER LLP  
100 SE THIRD AVE - STE 200  
FT LAUDERDALE, FL 33394

SUBJECT: DEWEY, KOLECTHAM & HOWE, LLC  
Ref. Number: L09000013625

We have received your document for DEWEY, KOLECTHAM & HOWE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 512A00014089



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 MAY 30 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 23, 2012

BRIAN L LERNER  
WARD KIM VAUGHAN & LERNER LLP  
100 SE THIRD AVE - STE 2001  
FT LAUDERDALE, FL 33394

SUBJECT: DEWEY, KOLECTHAM & HOWE, LLC  
Ref. Number: L09000013625

We have received your document for DEWEY, KOLECTHAM & HOWE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The agent must sign the resignation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 412A00015010

# 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,

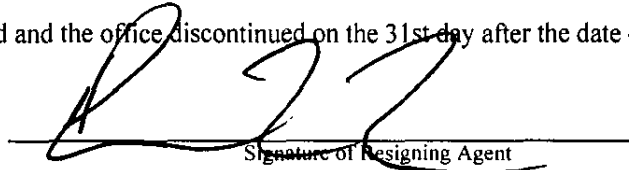
WARD KIM VAUGHAN & LERNER LLP, hereby resigns as  
Name of Registered Agent

Registered Agent for DEWEY, KOLETCHAM & HOWE, LLC  
Name of Limited Liability Company

L09000013625  
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:

BRIAN L. LERNER  
Typed or Printed Name  
PARTNER  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 30 PM 2:36