

LO90060 35880

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

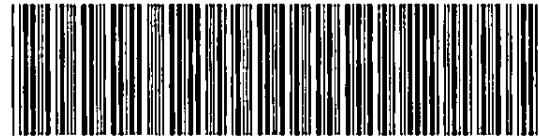
\_\_\_\_\_  
(Business Entity Name)

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

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2017 SEP 25 AM 11:13  
FBI - ALBANY

SEP 27 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AWYE SERVICES, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000035880

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:

Registered Agent Department

Name of Person

Business Filings Incorporated

Name of Firm/Company

8020 Excelsior Drive Suite 200

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Address

Madison, WI 53717

City/State and Zip Code

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

For further information concerning this matter, please call:

Registered Agent Department

at ( 800 ) 981-7183

Name of Person

Area Code

981-7183

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Business Filings Incorporated, hereby resigns as  
Name of Registered Agent

Registered Agent for AWYE SERVICES, LLC


Name of Limited Liability Company

L09000035880

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:

Jill Morrison

Typed or Printed Name

Asst Secretary for Business Filings Incorporated

Capacity

FILED  
2017 SEP 25 AM 11:19  
TALLAHASSEE, FL

### **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