

109000047139

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D. BRUCE  
OCT 14 2011  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WINDEREMERE CAPITAL MANAGEMENT, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000047139

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:

DEREK SCHWARTZ, ESQ.  
Name of Person

LAW OFFICES OF DEREK SCHWARTZ, PA  
Name of Firm/Company

4755 TECHNOLOGY WAY - SUITE 205  
Address

BOCA RATON, FLORIDA 33431  
City/State and Zip Code

DEREKASCHWARTZ@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEREK SCHWARTZ, ESQ. at ( 561 ) 981-8089  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## 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,

C/O ROSENBAUM INTERNATIONAL LAW FIRM, PA, hereby resigns as

Name of Registered Agent

Registered Agent for WINDERMERE CAPITAL MANAGEMENT, LLC

WINDERMERE CAPITAL MANAGEMENT, LLC

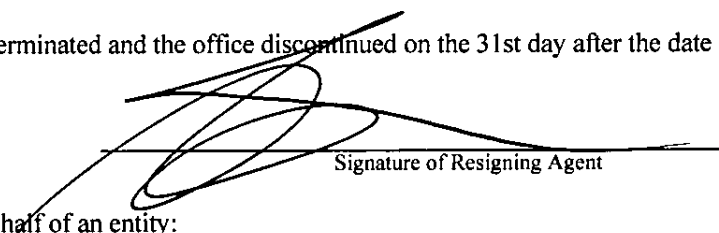
Name of Limited Liability Company

L09000047139

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:

MICHAEL ROSENBAUM, ESQ.

Typed or Printed Name

AUTHORIZED REPRESENTATIVE

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

11 OCT 18 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA