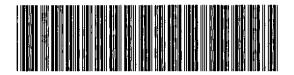
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BEST BRANPUALUES. COM, LLC Name of Limited Liability Company
DOCUMENT NUMBER: LOGOOOO 8 3 2 4 つ
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:
WALTER H. MESSICK Name of Person
Name of Person
Name of Firm/Company
Name of Firm/Company
1900 LORPORATE BLVD. STE 101 WEST
Address
BOCA PATON, FL 3343/ City/State and Zip Code
City/State and Zip Code
MESSICKW@ BELLSONTH. NET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WALTER It, MESSICK at (561) 995 - 8868  Name of Person Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

**MAILING ADDRESS:** 

Division of Corporations

Tallahassee, FL 32314

Registration Section

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

Pursuant to the provisions	of section 605.0115,	, Florida Statutes, the under	rsigned,	
WALTER IA. IA	<u>.</u>		, hereby resigns as	
N	ame of Registered Agent			
Registered Agent for	EST BRAN	DUALUES.	com, LLC	
	Name of Limit	ed Liability Company		
Logooo Document Numb				
A copy of this resignation	was mailed to the ab	ove listed limited liability	company at its last known address.	
The agency is terminated a	and the office discon	tinued on the 31st day after	r the date on which this statement is file	ed.
_	Water	A . Messal Signature of Resigning Agent		
If signing on behalf of an o	entity:			
_	WALT	ER H, MESSIC ped or Printed Name	K AS	
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_	PRE.	SIDENT	——— HA	Tij
		Capacity		ASAR ASAR
	FILING I \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liability.	ompany ed/voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314