

L09000090312

(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



300199482383

03/30/11--01032--001 **85.00

FILED
2011 MAR 30 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign.
TB (1/11) 4-4-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wingate hotels, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000090312

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:

Evan Humphrey
Name of Person

Wingate Hotels, LLC
Name of Firm/Company

2245 Osprey Ave.
Address

Orlando, FL 32814
City/State and Zip Code

evanhumphrey@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evan Humphrey at (407) 432-4686
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Evan Humphrey

Name of Registered Agent

, hereby resigns as

Registered Agent for

Wingate Hotels, LLC

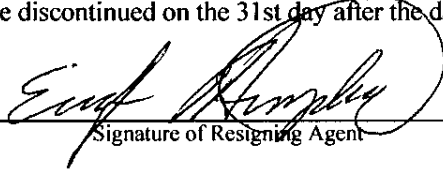
Name of Limited Liability Company

L09000090312

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:

Typed or Printed Name

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
2011 MAR 30 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA