Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H150000120543)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000052

: (850) 656-7956

Fax Number

: (850)656-7953

**Enter the small address for this business entity to be used for full annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION NEWTOP, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

Jan. 75. 2015 10:59AM Incorporating Services, LTD. 🔹

No. 8370 P. 2

submitted

COVER LETTER

H15000012054 3

TO:	Registration Section
	Registration Section Division of Corporations

Area Code	Daytime Telephone Number
800	_、 346-4646
r, please call:	
nt notification)	
-	
his matter to th	e following:
t for a Limited	Liability Company and fee are
miled Liebility	Company
	nt notification) r, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

Jan. 15. 2015 10:59AM

Incorporating Services, LTD.

No. 8370 P. 3

H15000012054 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	E E E
Pursuant to the provisions of section 605.0115, Florida Statutes, the un	dersigned, FIE
INCORPORATING SERVICES, LTD.	hereby resigns as FLORI
Name of Registered Agent	FL ST 6.
Registered Agent for NEWTOP, LLC	29 DR DA
Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L10000131841	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability	ty company at its last known address.
The agency is terminated and the office discontinued on the 31st day at	fter the date on which this statement is filed.
Amy M. Lally Signature of Resigning Agen	, 1
If signing on behalf of an entity:	
AMY M. BALKE	
Typed or Printed Name	
ASSISTANT SECRETARY	
Capacity	

Active limited liability company
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