

L11000021769

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATION  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AW Process LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

ANDREW WOODFORD  
Name of Person

AW PROCESS LLC  
Name of Firm/Company

11260 RANCH CREEK TERRACE APT # 308  
Address

LAKEWOOD RANCH, FL 34211  
City/State and Zip Code

andy@awprocess.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW WOODFORD at (941) 807 1448  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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,

ANDREW WOODFORD

Name of Registered Agent

, hereby resigns as

Registered Agent for

AW PROCESS LLC

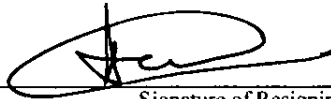
Name of Limited Liability Company

L11000021769

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

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