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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number: 120050000052

Phone

: (302)531-0855

Fax Number

: (850)656-7953

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

LLC REGISTERED AGENT RESIGNATION WINWAY, SCHUSTER & SPIEGEL, LLC

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EXAMINER

COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: WINWAY, SCHUSTER & SPIEGEL, LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L11000103223 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: EDIE WHITEBREAD (Name of Person) INCORPORATING SERVICES, LTD, (Name of Firm/Company) 3500 S. DUPONT HWY (Address) **DOVER, DE 19901** (City/State and Zip Code) For further information concerning this matter, please call: **EDIE WHITEBREAD** 531.0855

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

(Name of Person)

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

(Area Code & Daytime Telephone Number)

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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,	The state of the s
INCORPORATING SERVICES, LTD.	, hereby resigns as	SEE, FIS
(Name of Registered Agent)	, necosy resigns as	EST OF
Registered Agent for WINWAY, SCHUSTER & SPIEGEL, LLC	C	ORIGINA ORIGINAL ORIGINA ORIGIN
(Name of Limited Liability Company)		
L11000103223		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liab	bility company at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day		statement is filed.
If signing on behalf of an entity:		
CANDICE B. SWETLAND		
(Typed or Printed Name)		
ASSISTANT SECRETARY		
(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