

L:11000126540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

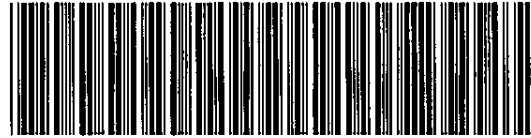
(Business Entity Name)

(Document Number)

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2014 JAN -9 PM 4:21

B. BOSTICK

JAN 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHWINGS INVESTMENTS, 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:

ANA M. FARJE
Name of Person

Name of Firm/Company

11420 N. KENDALL DR. SUITE 207
Address

MIAMI, FL. 33176
City/State and Zip Code

AFarje1107@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HIROKO MATSUMURA at (786) 444-9526
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ANA M. FARJE

Name of Registered Agent

, hereby resigns as

Registered Agent for SOUTHWINGS INVESTMENTS, LLC.

Name of Limited Liability Company

L11000126540

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.

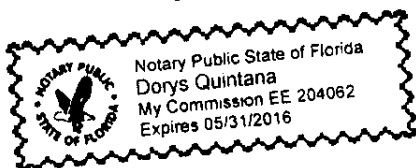
[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

—
Typed or Printed Name

—
Capacity

January 7, 2014



FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

[Signature]
Doris Quintana

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