

L11000132790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

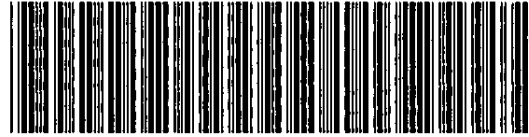
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2012 AUG -6 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CAPITOL  
SERVICES**

**Resignation of Registered Agent for a  
Limited Liability Company**

**Capitol Corporate Services, Inc.**

PO Box 1831

Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitol-services.com

**Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**DATE:** 8/2/2012  
**STATE:** FLORIDA  
**REP UNIT:** 4TH ESTATE, LLC

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Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 22804 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-21749M

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 4TH ESTATE, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000132790

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:

Rhonda Peirce

Name of Person

Capitol Services Registered Agent Department

Name of Firm/Company

800 Brazos, Suite 400

Address

Austin, Texas 78701

City/State and Zip Code

rpeirce@capitol-services.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Peirce

Name of Person

at ( 800 ) 345-4647

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2012 AUG - 6 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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,

Capitol Corporate Services, Inc.

Name of Registered Agent

Registered Agent for

4TH ESTATE, LLC

Name of Limited Liability Company

L11000132790

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:

Cheryl Roberts

Typed or Printed Name

President

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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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 4TH ESTATE, LLC

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**DOCUMENT NUMBER:** L11000132790

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Capitol Services Registered Agent Department

Name of Firm/Company

800 Brazos, Suite 400

Address

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City/State and Zip Code

rpeirce@capitol-services.com

E-mail address: (to be used for future annual report notification)

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Name of Person

at ( 800 ) 345-4647

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Amendment Section  
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Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Return acknowledgment to:



Capitol Services, Inc.  
P.O. Box 1831 Austin, TX 78767  
800/345-4647

RLP

2012 AUG -10 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## 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,

Capitol Corporate Services, Inc., hereby resigns as

Name of Registered Agent

Registered Agent for

4TH ESTATE, LLC

Name of Limited Liability Company

L11000132790

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:

Cheryl Roberts

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President

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