

L11000134121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

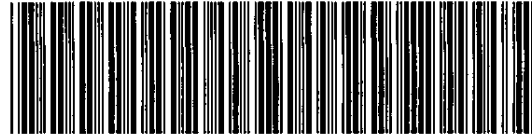
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 DEC -2 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC -9 2013

T. BROWN



Wealth Management Associates, LLC

**Richard Perea, ChFC
Principal**

November 26, 2013

Garry Leonard
Administrative Assistant
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Registered Agent Resignation
Spearhead Capital Advisors, LLC
Letter No. 413A00026463

Mr. Leonard:

Attached please find:

- A copy of your letter of reference.
- A new Resignation and Cover Letter
- A check for \$85.00

Please be so kind as to process my resignation as Registered Agent for Spearhead Capital Advisors, LLC

Thank you,

Richard A. Perea

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Spearhead Capital Advisors, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000134121

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:

Vincent Gioeni

Name of Person

Spearhead Capital Advisors, LLC

Name of Firm/Company

3420 Fairlane Farms Road

Address

Wellington, FL 33414

City/State and Zip Code

VGioeni@spearheadllc.com

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

For further information concerning this matter, please call:

Vincent Gioeni

Name of Person

at (**561**) **289-6824**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Richard A. Perea

Name of Registered Agent

Registered Agent for Spearhead Capital Advisors, LLC

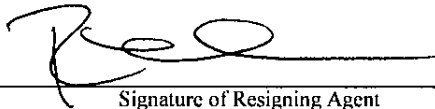
Name of Limited Liability Company

L11000134121

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA