

U2000015455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

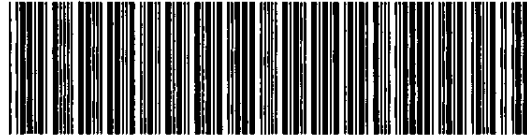
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 12 2013

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NWE Talent Agency & Management Company LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000015455

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:

Barry Chase

Name of Person

ChaseLawyers

Name of Firm/Company

21 SE 1st Ave. #700

Address

Miami, FL 33131

City/State and Zip Code

Barry@ChaseLawyers.com

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

For further information concerning this matter, please call:

Barry Chase

305

373-7665

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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,
Barry Chase

_____, hereby resigns as

Name of Registered Agent

Registered Agent for **NWE Talent Agency & Management Company LLC**

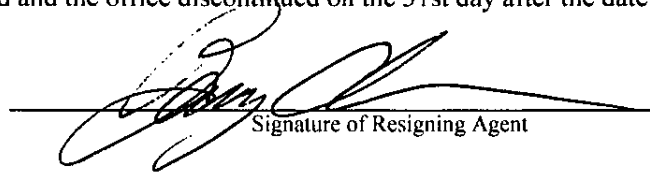
Name of Limited Liability Company

L12000015455

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

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TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

CHASE LAWYERS

Typed or Printed Name
DIRECTOR

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