

L12000052304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

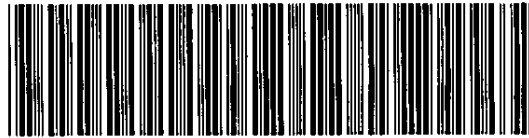
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400262843034

08/07/14--01007--025 \*\*85.00

FILED  
STATE  
DIVISION OF CORPORATION  
16 AUG -7 PM 1:56

C. LEWIS

AUG 18 2014

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** World Wide Information, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000052304

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:

Patrick Neale

Name of Person

Patrick Neale & Associates

Name of Firm/Company

P.O. Box 9440

Address

Naples, Florida 34101-9440

City/State and Zip Code

pneale@patrickneale.com

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

For further information concerning this matter, please call:

Patrick Neale

Name of Person

at ( 239 ) 642-1485  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Patrick Neale, hereby resigns as

Name of Registered Agent

Registered Agent for World Wide Information, LLC

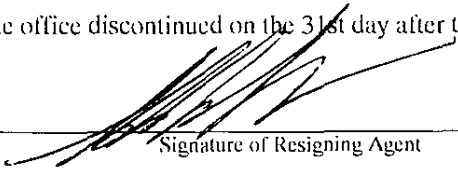
Name of Limited Liability Company

L12000052304

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

16 AUG -7 PM 1:56  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA