

L12000073217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 05 2013

D. BRUCE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Foundation LWLLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000073217

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:

Keren Roesser  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

843 Biscayne Dr  
Address

WPR FL 3340  
City/State and Zip Code

Sammy2mom1202@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keren Roesser at (561) 398 8336  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

JOHN T. BUMGARDNER, hereby resigns as  
Name of Registered Agent

Registered Agent for THE FOUNDATION LW, LLC  
Name of Limited Liability Company

L12000073217  
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:

JOHN T. BUMGARDNER  
Typed or Printed Name  
COO  
Capacity

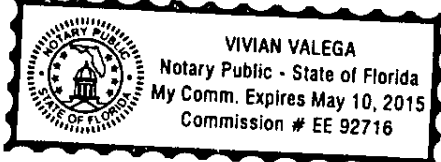
State of Florida  
County of Palm Beach

The foregoing instrument was acknowledged before me this 19th day of July 2013  
John Bumgardner  
\$85.00 Active limited liability company  
\$25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Personally known Or Produced Identification ☒  
Type of Identification produced Florida Drivers Lic.

Notary Signature [Signature]  
Printed/Typed Name of Notary Vivian Valega  
Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

INHS17 (08/05)



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TALLAHASSEE, FLORIDA