

L12000086172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

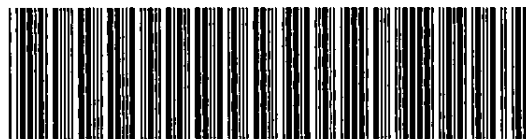
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500240907275

10/18/12--01015--007 **85.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 18 AM 10:39

OCT 19 2012

T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NWJ Gator Investments, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000086172

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:

Louis S. Weltman
Name of Person

Losowe Capital, Inc.
Name of Firm/Company

6615 W. Boynton Beach Blvd., Suite 396
Address

Boynton Beach, FL 33437
City/State and Zip Code

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

For further information concerning this matter, please call:

Louis S. Weltman at (561) 715-8836
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Louis S. Weltman

Name of Registered Agent

, hereby resigns as

Registered Agent for NWJ Gator Investments, LLC.

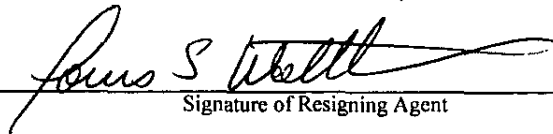
Name of Limited Liability Company

L12000086172

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