| 12000141909   |                            |  |  |  |
|---|----------------------------|--|--|--|
| (Requestor's Name)<br>(Address)<br>(Address)  | 900245458099               |  |  |  |
| (City/State/Zip/Phone #)  | 03/11/1301046007 **85.00   |  |  |  |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | TI MAR 12 AN ID: 08        |  |  |  |
| Office Use Only   | иц.<br>В С                 |  |  |  |
|   | B. BOSTICK<br>MAR 1 3 2013 |  |  |  |

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT:                          | World Wide Lod Supply LLC<br>Name of Limited Liability Company |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|
| Name of Limited Liability Company |  |  |  |  |  |  |
| DOCUMENT NUMB                     | 1 10 000 111 000   |  |  |  |  |  |

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:



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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## **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,

| -                          | :  |  |  |                                    |
|----------------------------|--|--|--|------------------------------------|
|                            | ) ames ICnip?<br>Name of Registered Agent                        | 5  | , hereby resigns as                                | i                                  |
|                            | Name of Registered Agent   |  |  |                                    |
| Registered Agent for       | World Wid  | e Led  | Sw pp/7  | K LLC                              |
|                            | Name of Limited Liabilit   | y Company  |  | ·································· |
| Document Nur               | / 12 00014 190<br>nber, if known                                 | q  |  |                                    |
| A copy of this resignation | n was mailed to the above liste                                  | d limited liabili  | ty company at its last                             | t known address.                   |
| The agency is terminated   | and the office discontinued or                                   |  |  | n this statement is file           |
|                            | Signature  | of Resigning Agen  | t  | A -                                |
| If signing on behalf of an | cntity:  |  |  | 13 MAR 12                          |
|                            | Typed or Prin  | ited Name  |  |                                    |
|                            | Capacity   |  |  | HAR 12 AH IO: 08                   |
|                            | FILING FEES:<br>\$ 85.00 Active 1<br>\$ 25.00 Admini-<br>withdra | limited liability<br>stratively dissol<br>awn limited liab | company<br>lved/ voluntarily diss<br>ility company | solved/                            |

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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