

L13000004959

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: WENDY.HSFLEY@INCORP.COM

LLC REGISTERED AGENT RESIGNATION  
STITCH N PUDDLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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RECEIVED  
15 JUL -9 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
15 JUL -9 AM 7:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STITCH N PUDDLES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000004959

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:

Wendy Hefley  
Name of Person

Incorp Services, Inc.  
Name of Firm/Company

2360 Corporate Circle, Suite 400  
Address

Henderson, NV 89074  
City/State and Zip Code

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

For further information concerning this matter, please call:

Incorp Services, Inc./Wendy Hefley at ( 702 ) 866-2500 ext 6601  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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,

**Incorp Services, Inc.**

, hereby resigns as

Name of Registered Agent

Registered Agent for **STITCH N PUDDLES LLC**

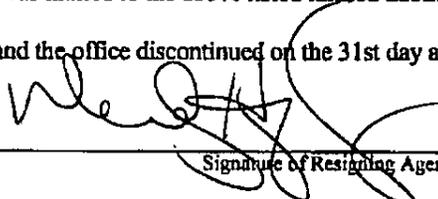
Name of Limited Liability Company

**L13000004959**

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:

**Wendy Hefley for Incorp Services, Inc.**

Typed or Printed Name

**Authorized Representative**

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

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