

L130000116626

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC -3 AM 10:27

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N. Culligan DEC - 4 2015

KRISTOPHER E. FERNANDEZ

Attorney at Law

114 S. Fremont Avenue
Telephone (813) 832-6340
E-mail address:

Tampa, Florida 33606
Facsimile (813) 251-0438
Kfernandez@kfernandezlaw.com

December 1, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Statewide Associates, LLC
Document Number L13000116626

Dear Sir/Madam:

Enclosed is a Resignation of Registered Agent for the above referenced limited liability company and my check number 11927 in the amount of \$25.00 for the fee to file the resignation.

Thank you for your assistance. Please contact me if you have any questions.

Very truly yours,

Kristopher E. Fernandez

Cc: Client (w/o copy of encl)

**Board Certified in Real Estate Law; Emphasizing Real Estate, Real Estate Closings,
Title Insurance, Probate, Wills & Trusts**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Statewide Associates, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000116626

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:

Kristopher E. Fernandez

Name of Person

Kristopher E. Fernandez, PA

Name of Firm/Company

114 S. Fremont Ave

Address

Tampa, FL 33606

City/State and Zip Code

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

For further information concerning this matter, please call:

Kristopher E. Fernandez

Name of Person

at (

813

Area Code

832-6340

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Kristopher E. Fernandez, hereby resigns as
Name of Registered Agent

Registered Agent for Statewide Associates, LLC

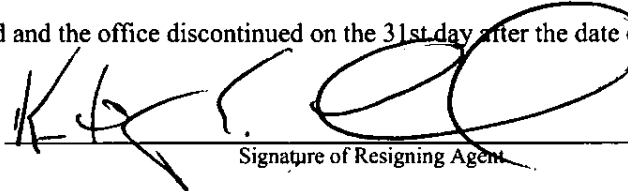
Name of Limited Liability Company

L13000116626

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

FILED
2015 DEC -3 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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