

L13 000133738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

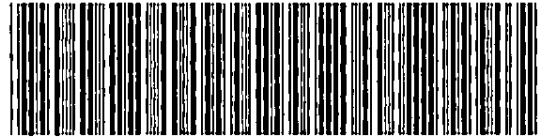
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Wings
Barn*

Office Use Only



500369808735

07/21/21--01005--007 **87.50

2021 JUL 21 AM 11:21

Je

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Well Read Apparel, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000133738

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:

Michael D. Keister
Name of Person

Well Read Apparel, LLC
Name of Firm/Company

10110 Village Palms Way, #206
Address

Estero, FL 33928
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Keister at (202) 320-1639
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael D. Keister, hereby resigns as
Name of Registered Agent

Registered Agent for WELL READ APPAREL, LLC

Name of Limited Liability Company

L13000133738

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.

Michael D. Keister
Signature of Resigning Agent

If signing on behalf of an entity:

ROBIN CURRIER
Typed or Printed Name

OWNER
Capacity

2021 JUL 21 AM 11:21

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