

L14000018519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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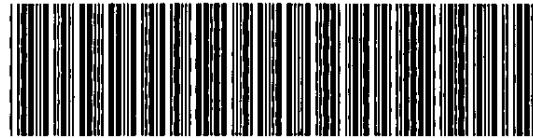
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Exam by Nancy

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000018519

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:

Christina Brite

\_\_\_\_\_  
Name of Person

Incorp Services, Inc.

\_\_\_\_\_  
Name of Firm/Company

1910 Thomes Ave.

\_\_\_\_\_  
Address

Cheyenne, Wy. 82001

\_\_\_\_\_  
City/State and Zip Code

christina.brite@myllc.com

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

For further information concerning this matter, please call:

Christina Brite

at ( 8888 ) 886-9552

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

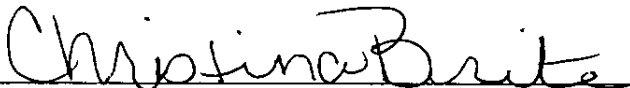
Name of Limited Liability Company

L14000018519

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:

Christina Brite

Typed or Printed Name

Compliance Manager

Capacity

16 SEP 26 AM 7:27  
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