

L14000192416

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 18 2016

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August 15, 2016

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

RE: Keepwell LLC
Our File No.: 1135-1

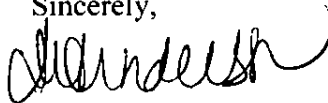
To Whom It May Concern:

Enclosed please check number 33947 in the amount of \$230.00, together with the following documents for Keepwell LLC.

Resignation of Registered Agent;
Dissociation or Resignation of Member, Manager from Florida Limited Liability Company;
Statement of Change and
Amended Articles of Organization

If you find you need anything further, please do not hesitate to contact our office.

Sincerely,



Debbie M. Henderson
Legal Assistant

/dmh
Enclosure(s)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEEPWELL LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000192416

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:

RICK SEIN

Name of Person

REALSOURCE PROPERTY MANAGEMENT, LLC

Name of Firm/Company

6900 TURKEY LAKE ROAD, SUITE 2-3

Address

ORLANDO, FL 32819

City/State and Zip Code

CHATBURN.DAVID@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID CHATBURN

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

BENJAMIN YONGE

Name of Registered Agent

, hereby resigns as

Registered Agent for **KEEPWELL LLC**

Name of Limited Liability Company

L14000192416

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

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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TALLAHASSEE, FLORIDA