

L15000026941

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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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OCT 17 2016  
S. YOUNG

16 OCT 17 PM 4: 46  
DIRECTOR  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wolfpaq E-Liquid LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000026941

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:

Philip Mathew  
Name of Person

Wolfpaq E-Liquid LLC  
Name of Firm/Company

4974 New World Dr. San Jose  
Address

San Jose / CA 95136  
City/State/and Zip Code

philipmathew90@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Mathew at ( 813 ) 482-4930  
Name of Person Area Code Daytime Telephone Number

16 OCT 17 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Philip Mathew, hereby resigns as  
Name of Registered Agent

Registered Agent for Wolfpack E-Liquid LLC  
Name of Limited Liability Company

L15000026941  
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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 17 PM 4:46

**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