

L16000128398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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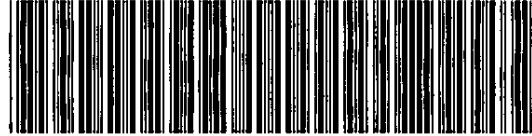
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 AUG 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 30 2016
J. HARRIS

LAW OFFICES
- CHARLES R. MEADOR, JR., P.A.
2085 ESTERO BOULEVARD
FORT MYERS BEACH, FLORIDA 33931

CHARLES R. MEADOR, JR.
ATTORNEY AT LAW

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TELEPHONE 463-6619
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AREA CODE 239

TOLL FREE
1-800-741-6619

August 26, 2016

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32301

Re: SWFL ADVISORY SERVICES, LLC, a
Florida limited liability company

Gentlemen:

Enclosed please find **original** documentation in connection with the above referenced limited liability company, together with my trust account check in the amount of \$160.00 to cover the filing fees.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,


Charles R. Meador, Jr.

CRM/ldp
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWFL ADVISORY SERVICES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000128398

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:

Charles R. Meador, Jr.

Name of Person

Charles R. Meador, Jr., P.A.

Name of Firm/Company

2085 Estero Boulevard

Address

Fort Myers Beach, FL 33931

City/State and Zip Code

gwalter@injectech.com

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

For further information concerning this matter, please call:

Charles Meador

at (239) 463-6619

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Curley, Charlene

Name of Registered Agent

, hereby resigns as

Registered Agent for SWFL ADVISORY SERVICES, LLC

Name of Limited Liability Company

L16000128398

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:

Charlene Curley

Typed or Printed Name

Individually

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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