116000133806

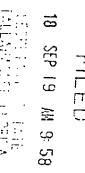
(Requestor's Name)
(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
- (Daniel and Missisher)
(Document Number)
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COVER LETTER

SUBJECT: Name o	f Limited Liabilit	v Company
DOCUMENT NUMBER: L1600013380		
The enclosed Resignation of Registered Agree filing.	gent for a Limite	ed Liability Company and fee are submitted
Please return all correspondence concernin	g this matter to	the following:
Chelsea Haire		
Name of Person		_
Legalinc Corporate Services	s, Inc.	
Name of Firm/Company	·•	_
10601 Clarence Drive, Suite	250	
Address		_
Frisco, TX 75033		
City/State and Zip Code		_
abed@wireless-stores.com		
E-mail address: (to be used for future annual re	eport notification)	_
For further information concerning this ma	tter, please call:	
Chelsea Haire	at (、386-0178
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Floriability company or \$25.00 for an administ liability company.	orida Departmer ratively dissolve	nt of State for \$85.00 for an active limited ed. voluntarily dissolved or withdrawn limite

STREET ADDRESS:

Division of Corporations Clifton Building

Tallahassec, FL 32301

2661 Executive Center Circle

Registration Section

INHS17 (2/14)

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the	e undersigned.	
Legalinc Corporate	Services, Inc.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for W	/IRELESS STORES LLC		
· · · · · ·		18	
	Name of Limited Liability Company	SER	T).
L16000133806			1
Document Nu	imber, if known		0
	on was mailed to the above listed limited liab		
The agency is terminated	and the office discontinued on the 31st day Signature of Resigning A	y after the date on which this statement is fi	led.
If signing on behalf of ar	n entity:		
	Chelsea Haire		
	Typed or Printed Name		
	on Behalf of Legalinc Corporate Se	ervices, Inc.	
	Capacity		

FILING FEES:
\$ 85.00
\$ 25.00
Active limited liability company
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