

L16000147117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

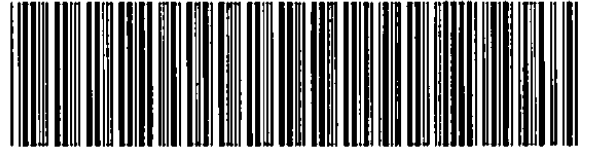
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000355000080

11/16/20--01031--015 \*\*85.1

2023 NOV 16 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

DEC 17 2020

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WINTERBACH LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000147117

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:

STEWART BACHMANN

Name of Person

WINTERBACH LLC

Name of Firm/Company

11654 CORPORATE LAKE BLVD. UNIT D

Address

SAN ANTONIO, FL 33576

City/State and Zip Code

STEWART @WB-RND.COM

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

For further information concerning this matter, please call:

NICHOLAS BERGMANN

Name of Person

at (

813

)

3894203

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NICHOLAS BERGMANN

, hereby resigns as

Name of Registered Agent

Registered Agent for WINTERBACH LLC

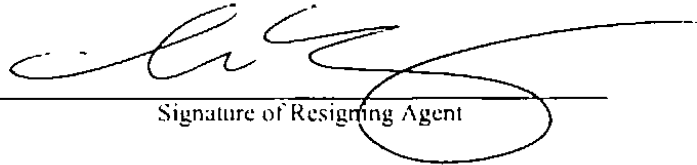
Name of Limited Liability Company

L16000147117

Document Number, if known

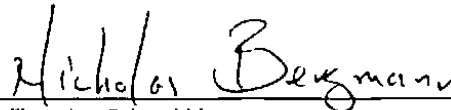
A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is :



Signature of Resigning Agent

If signing on behalf of an entity:



Typed or Printed Name

REGISTERED AGENT

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

2023 NOV 16 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FL