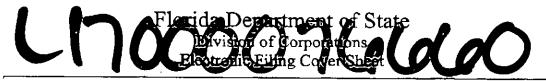
6/13/2018

**DMsion of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000177170 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : I20050000052 Phone

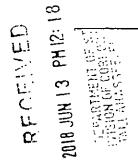
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Fax Number

: (850)656-7953

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

mail	Address:			



## LLC REGISTERED AGENT RESIGNATION ANGELS WING OF FLORIDA LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$90.00

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Corporate Filing Menu



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TO:

Registration Section
Division of Corporations

## H18000177 170 3

## COVER LETTER

ANGELS WING OF FLORIDA LLC Name of Limited Liability Company DOCUMENT NUMBER:\_ L17000076660 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: Name of Person INCORPORATING SERVICES, LTD. Name of Firm/Company 3500 SOUTH DUPONT HIGHWAY Address **DOVER, DE 19901** City/State and Zip Code aarchambault@incserv.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:** STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the	he undersigned,
INCORPORATING SERVICES, LTD.	, hereby resigns as
Name of Registered Agent	, natory resigns as
Registered Agent for ANGELS WING OF FLORIDA LLC	
Name of Limited Liability Company	
L17000076660	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited li	
The agency is terminated and the office discontinued on the 31st of Signature of Resigning	lles
If signing on behalf of an entity:	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Amy Balke	<del>\tilde{\tiiilde{\tiilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tild</del>
Typed or Printed Name ASSISTANT SECRET	13175 (1784) 1783 (1784)
Capacity	

\$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 Taliahassee, FL 32314

INHS17 (2/14)