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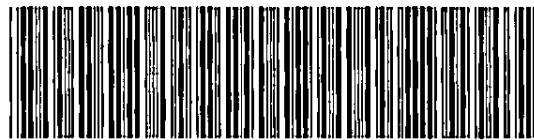
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWF of Perry, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000114911

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:

Daniel Strickland
Name of Person

SWF of Perry, LLC
Name of Firm/Company

2878 W US 98
Address

Perry, FL 32347
City/State and Zip Code

swf of perry llc @ gmail . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Strickland at (850) 843-1159
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Christopher Craft

Name of Registered Agent

, hereby resigns as

Registered Agent for

SWF of Perry, LLC

Name of Limited Liability Company

L17000114911

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.

Christopher Craft

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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2019 MAR 21 PM 4:55
TALLAHASSEE, FL

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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