

MD/000000260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

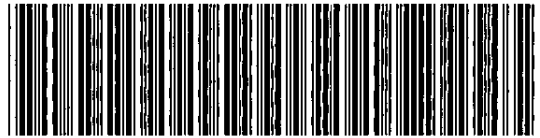
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2008 MAY 19 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-2704



**CAPITOL
SERVICES**

May 15, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: FWC AA GP, LLC

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience. Enclosed is check # **14692** in the amount of **\$25.00** for the filing fee. Once filed, please return the filed-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,



Rhonda Maybin

Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc., hereby resigns as
(Name of Registered Agent)

Registered Agent for FWC AA GP, LLC

(Name of Limited Liability Company)

M01000000260

(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:

Cheryl Roberts
(Typed or Printed Name)

President
(Capacity)

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TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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