Division of Corporations **Electronic Filing Cover Sheet** 

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## LLC REGISTERED AGENT RESIGNATION WESTWOOD BLVD LLC

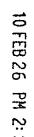
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: WESTWOOD BLVD LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: M08000000140
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:
TUNISHA SCOTT
(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
3500 S. DUPONT HWY
(Address)
DOVER, DE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
TUNISHA SCOTT at 302 531-0855  (Name of Person) (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416	5(2) or 608.509, Flor	ida Statutes, the undersign	ned,
INCORPORATING	SERVICES, LT	D.	, hereby resigns a	16
	(Name of Registered Ag	gent) .	,	
Registered Agent for				
WESTWOOD BLV	DILC			•
	(Name of Li	imited Liability Company	<u> </u>	
M08000000140				
(Document Numb	ocr, if known)	<del></del>		
A copy of this resignatio	n was mailed to the	above listed limited l	liability company at its las	st known address.
The agency is terminated	and the office disce	ontinued on the 31st	day after the date on whic	h this statement is filed.
	Indica	nature of Resigning Agen	nd .	
If signing on behalf of an	entity:			e de la companya della companya della companya de la companya della companya dell
	CANDICE B. S	WETLAND		6
	ASSISTANT S	Typed or Printed Name) ECRETARY		FEB 2
		(Capacity)	<del></del>	S 0
				?
	FILING \$ 85.00 \$ 25.00	Active limited lial Administratively	bility company dissolved/ voluntarily dis d liability company	solved/

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314