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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 : (302)531-0855 Phone : (850)656-7953 Fax Number

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

ાડે Email Address:

LLC REGISTERED AGENT RESIGNATION BRANDYWYNE HOLDINGS, LLC

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SEP 2 4 2013

TO: Amendment Section

COVER LETTER

(((H13000211205 3)))

Division of Corporations
SUBJECT: BRANDYWYNE HOLDINGS, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: M08000001427
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:
EDIE WHITEBREAD
(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:
EDIE WHITEBREAD at (302) 531-0855 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MATLING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

(((H13000211205 3)))

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,
INCORPORATING SERVICES, LTD.	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for BRANDYWYNE HOLDINGS,	TTC
(Name of Limited Liabili	ty Company)
M08000001427	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed	I limited liability company at its last known address.
If signing on behalf of an entity:	of Resigning Agent)
AMY M. BALKE	78
(Typed or Prin	700 700
ASSISTANT SECRETA	RY STORY
(Capacity	23
\$ 25.00 Adminis	imited liability company stratively dissolved/ voluntarily dissolved/ wn limited liability company

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