

6/30/2017 2:06:00 PM

Ware, Amber S.

Foley & Lardner LLP

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Division of Corporations

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**1109000004005**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations

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**LLC REGISTERED AGENT RESIGNATION  
CROWDSAVINGS.COM LLC**

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K. SALY

**COVER LETTER**

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**TO:** Registration Section  
Division of Corporations**SUBJECT:** CROWDSAVINGS.COM LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M09000004005

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:

**CHARLES V. HEDRICK**

Name of Person

**F & L CORP.**

Name of Firm/Company

**ONE INDEPENDENT DRIVE STE 1300**

Address

**JACKSONVILLE, FL 32202**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**AMBER WARE**

Name of Person

at ( 904 )

Area Code

**359-8768**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

F &amp; L CORP.

Name of Registered Agent

Registered Agent for CROWDSAVINGS.COM LLC

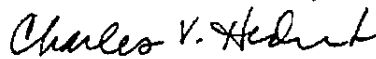
Name of Limited Liability Company

M09000004005

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:

CHARLES V. HEDRICK

Typed or Printed Name

AUTHORIZED SIGNATORY

Capacity

**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

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2011 JUN 30 AM 9:21  
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