M09000004847

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: R	egistration Section Division of Corporations	
SUBJEC	CT: Weston Capital Management LLC	d Liability Company
	rame or similar	a Elability Company
DOCUM	IENT NUMBER: M09000004847	
The enclosor for filing		a Limited Liability Company and fee are submitted
Please re	turn all correspondence concerning this m	atter to the following:
Nina Ta	rowsky	
	Name of Person	
United (Corporate Services, Inc.	
	Name of Firm/Company	
10 Ban	k St. Ste. 560	
	Address	
White P	lains, NY 10606	
	City/State and Zip Code	
mnolan(@fundadministration.com	
E-ma	il address: (to be used for future annual report not	fication)
For furth	er information concerning this matter, plea	ase call:
Nina Ta	rowsky 9	14 9949-9188 rea Code Daytime Telephone Number
	Name of Person A	rea Code Daytime Telephone Number
Enclosed liability of liability of	company or \$25.00 for an administratively	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
	IG ADDRESS: ion Section	STREET ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the unde	rsigned,
United Corporate Services, Inc.		, hereby resigns as
	Name of Registered Agent	,
Registered Agent for	Weston Capital Management LLC	
	Name of Limited Liability Company	
M09000004847		
Document N	Number, if known	
	ion was mailed to the above listed limited liability ed and the office discontinued on the 31st day after	r the date on which this statement is filed
If signing on behalf of	Michael A. Barr	2015 DEC 17 P
	Typed or Printed Name President, United Corporate Services, I Capacity	~~ (n

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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