

M11000000 0574

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TALLAHASSEE, FLORIDA

JAN 14 2013

B. KOHR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REWARDIX, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1711 00 00 00 574

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:

Michael Charest
Name of Person

REWARDIX
Name of Firm/Company

P.O. Box 49123
Address

Jacksonville Beach, FL. 32240
City/State and Zip Code

Mcharest0831@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Charest at (904) 382-4636
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

13 JAN 1 11 51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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,

Michael Charest, hereby resigns as
Name of Registered Agent

Registered Agent for REWARDIX, LLC
Name of Limited Liability Company

M11000000574
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.

Michael Charest
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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withdrawn limited liability company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

