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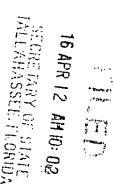
(Requestor's	i Name)
(Address)	
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(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: VILAGE & COMPANY, LLC	
Name of Limited	Liability Company
DOCUMENT NUMBER: M12000000056	
The enclosed Resignation of Registered Agent for a for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	atter to the following:
Name of Person	
NORTHWEST REGISTERED AGENT LLC	
Name of Firm/Company	
906 W. 2ND AVE, STE 100	
Address	
SPOKANE, WA 99201	
City/State and Zip Code	
info@northwestregisteredagent.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, plea	ase call:
Jerome Woodworth	509 768-2249
Name of Person A	rea Code Daytime Telephone Number
	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		5, Florida Statutes, the un	inderbighted;	
Northwest Registered Agent LLC			, hereby resigns as	
	Name of Registered Ager	nt	<u> </u>	
Registered Agent for _	VILAGE & COMP	PANY, LLC		
	Name of Lim	nited Liability Company		1
M12000000056				
Document !	Number, if known			
A copy of this resigna	tion was mailed to the a	above listed limited liabil	lity company at its last known addre	ess.
The agency is termina	ited and the office disco	ontinued on the 31st day a	after the date on which this stateme	nt is filed.
	To-61	Signature of Resigning Age	ent	
If signing on behalf of	an entity:		• • • • • • • • • • • • • • • • • • •	
	Tom Glover/Nor	thwest Registered A	gent LLC	76
		yped or Printed Name	الباد المرابع	AP _R
	Manager			*ALVIER
		Capacity	Y OF	3 7
	FILING	FEES:	y company olved/ voluntarily dissolved/	AM IO: OZ

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