

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H140001812643)))



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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052

: (850)656-7956

Fax Number

: (850)656-7953

**Enter the email address for this business entity to be used annual report mailings. Enter only one email address please Email Address:_

> LLC REGISTERED AGENT RESIGNATION DEBORAH A. SCHWARTZ REAL ESTATE LLC

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Corporate Filing Menu

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7/31/2014

No. 8168 P. 2 (((%14000181264 3)))

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: DEBORAH A. SCHWART	of Limited Liability	
DOCUMENT NUMBER: M12000002	-	Company
· 		Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to th	ne following:
Edie Whitebread		
Name of Person		•
Incorporating Services, Ltd.		
Name of Firm/Company	1	•
3500 South DuPont Highway		
Address	-	•
Dover, DE 19901	•	
City/State and Zlp Code		
E-mail address: (to be used for future annua	report notification)	
For further information concerning this n	•	
Edie Whitebread	302	_、 531-0855
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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)

No. 3168 P. 3 (((H14000181264 3))) FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

MENTARY OF STATE **9**.

Pursuant to the provisions of section 605.011	5, Florida Stannes, the undersigned,
Incorporating Services, Ltd.	, hareby resigns as
Name of Registered Age	ent .
Registered Agent for DEBORAH A. SCH	HWARTZ REAL ESTATE LLC
Name of Lin	prited Liability Company
M12000002581	·
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 disc	continued on the 31st day after the date on which this statement is filed.
- All	Signante of Resigning Agent
If signing on behalf of an entity:	
Amy Balke	
	Typed or Printed Name
Assistant Secre	etary
···	Capacity

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

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

INHS17 (2/14)