# M1200005134

(H	Requestor's Name)		
(A	Address)		
(4	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	o Filing Officer:		
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Office Use Only



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### COVER LETTER \*

SUBJECT:	RW ASHLEY LLC	<u> </u>
	Name of Limited Liability	Company
DOCUMENT NUMBER:	M12000005134	
The enclosed Resignation of Refor filing.	egistered Agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence	e concerning this matter to t	he following:
Michelle Stallings		
Name of I	Person	-
Registered Agents Legal Se	rvices, LLC	
Name of Firm	/Company	-
1013 Centre Rd., Suite 4035	3	
Addre	ess	-
Wilmington, DE 19805		
City/State and	l Zip Code	-
mstallings@inclegal.com		
E-mail address: (to be used for f	uture annual report notification)	-
For further information concern	ning this matter, please call:	
Michelle Stallings	800	<b>400-6650</b>
Name of Person	Area Code	) 400-6650 Daytime Telephone Number
Enclosed is a check made payal liability company or \$25.00 for liability company.	ole to the Florida Departmer an administratively dissolve	at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited

### **MAILING ADDRESS:**

Registration Section Division of Corporations

TO:

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

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

Pursuant to the provision	s of section 605.0115, Florida Statutes, th	e undersigned,	
Registered Agents Legal Services, LLC  Name of Registered Agent		, hereby resigns as	
		,, ,	
Registered Agent for	RW Ashley LLC		
		र्ज,	31/48
	Name of Limited Liability Company		10 m
M12000005134		<u>+</u>	1975 (277)
Document Nun	nber, if known	P	국 (1) 전기
A copy of this resignation	n was mailed to the above listed limited li	ىي ئــability company at its last known address تى	
The agency is terminated	and the office discontinued on the 31st d	ay after the date on which this statement is	
	DOWN LOND Signature of Resigning	Agent	
If signing on behalf of an	entity:		
	Denise Fowler		
	Typed or Printed Name	<del></del>	
	Authorized Papacity	evs(m)	

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

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

FILING FEES: \$ 85.00 Active \$ 25.00 Admir