

M13000000555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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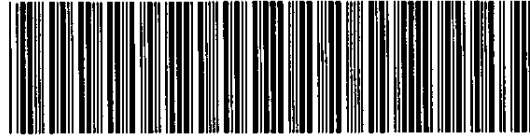
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 31 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weststar PI Group, LLC (resignation)
Name of Limited Liability Company

DOCUMENT NUMBER: M13000000555

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:

Craig Lane
Name of Person

Weststar PI
Name of Firm/Company

3505 W. Granada St Tampa, FL 33629
Address

Tampa, FL 33629
City/State and Zip Code

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

For further information concerning this matter, please call:

Craig Lane at (813) 774 3333
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Craig Lane, hereby resigns as
Name of Registered Agent

Registered Agent for Weststar PI Group, LLC
Name of Limited Liability Company

M1300000555
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.

Craig Lane
Signature of Resigning Agent

If signing on behalf of an entity:

Craig Lane
Typed or Printed Name
Registered Agent
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

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