05702 Oct. 21. 201

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000248538 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052

Phone

: (850)656-7956

Fax Number

: (850)656-7953

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LLC REGISTERED AGENT RESIGNATION FOREVER NUTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Corporate Filing Menu

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TO: Registration Section

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COVER LETTER

Division of Corporations		
SUBJECT: FOREVER NUTS, LLC	ted Liability	Company
DOCUMENT NUMBER: M13000005702		
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	e following:
TUNISHA SCOTT		
. Name of Person		
INCORPORATING SERVICES, LTD.		
Name of Firm/Company		
3500 S DUPONT HWY	,	
Address		,
DOVER, DE 19901		
City/State and Zip Code		
TSCOTT@INCSERV.COM		
E-mail address: (to be used for future annual report to	otification)	
For further information concerning this matter, pl	lease call:	
at (800	3464646
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative liability company.	Department ly dissolved	of State for \$85.00 for an active limited, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREE	T ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the u	mdersigned,
INCORPORATING SERVICES, LTD.	, hereby resigns as
Name of Registered Agent	
Registered Agent for FOREVER NUTS, LLC	
Name of Limited Liability Company	
M13000005702	·
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liabi	lity company at its last known address.
The agency is terminated and the offige discontinued on the 31st day	after the date on which this statement is filed.
MATT	
Signature of Resigning Age	
If signing on behalf of an entity:	
TUNISHA SCOTT	
Typed or Printed Name	m m
ASST. SECRETARY	e de la companya de
Capacity	7: 57

Active limited liability company
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