Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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COVER LETTER

Name of Limited Liability Company DOCUMENT NUMBER: M16000005128 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: Wendy Hefley Name of Person Incorp Services, Inc. Name of Firm/Company 3773 Howard Hughes Parkway, Suite 500S Address Las Vegas, NV 89169-6014 City/State and Zip Code processing@incorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Incorp Services, Inc./Wendy Hefley Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 266 Leaves Course Circle.	TO: Registration Section Division of Corporations		
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		Clifton Building 2661 Executive Center Circle	
Tallahassee, FL 32314 Tallahassee, FL 32301	Tallahassee, FL 32314		

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Flor	ida Statutes, the undersigned,
Incorp Services, Inc.	ida Statutes, the undersigned,
Name of Registered Agent	
Registered Agent for ICRETE LWIC LLC	# io
Name of Limited Lia	bility Company
M16000005128	•
Document Number, if known	
•	isted limited liability company at its last known address. d on the 31st day after the date on which this statement is file
	1/
Signa	nure of Regigniting Agent
Signa Signing on behalf of an entity:	ture of Resigning Agent
_	3.0
If signing on behalf of an entity: Wendy Hefley for Inc.	3.0
If signing on behalf of an entity: Wendy Hefley for Inc.	orp Services, Inc. Printed Name

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withdrawn limited liability company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