

LOG 000 046556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

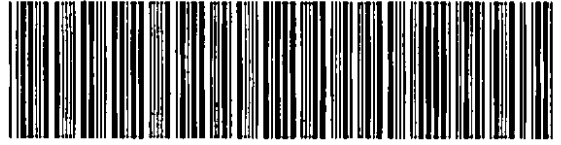
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AJ's Total Services, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000046556

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:

Jennifer Wickland

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

P.O. Box 2340

\_\_\_\_\_  
Address

Key West FL 33040

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Al Kelley

at ( 305 ) 296-0160

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 SEP - 7 PM 1:50  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

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

Albert L. Kelley

hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for AJ's Total Services, LLC

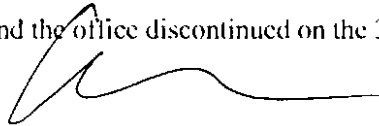
\_\_\_\_\_  
Name of Limited Liability Company

L09000046556

\_\_\_\_\_  
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.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Albert Kelley

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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

22 SEP -7 PM 1:50  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE