

L11000084813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

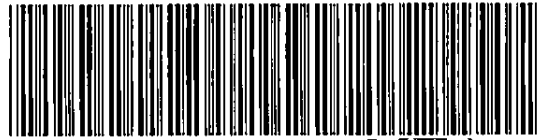
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TALL MADRID, NM

FILED

RA Resignation

MAY 13 2023

D CUSHING

Law Offices
CARY P. SABOL
P.O. Box 15981
West Palm Beach, Florida 33416
Phone: (561) 413-4449
Email: ADMIN@SABOLLAW.COM

INVOICE FOR SERVICES

January 6, 2023

Via Email To: Ross.becker@gte.net

Oldfield Properties, LLC c/o
Ross Becker
43 Lamplighter Lane
Easton, MA 02375

Re: Registered Agent Services for Oldfield Properties, LLC

Following is your invoice for services rendered in connection with the above referenced matter:

\$150.00 Attorney Services: Annual Fee for Florida Registered Agent Services.

\$150.00 Total Amount Due

Please note all invoices should be made payable and delivered as follows: **Law Offices of Cary P. Sabol, P.O. Box 15981, West Palm Beach, Florida 33416.**

We appreciate your prompt payment. Please feel free to contact our office with any questions or concerns.

Very truly yours,

Cary P. Sabol
Cary P. Sabol, Esq. .
Signed Electronically to Expedite Delivery

1/24/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oldfiled Properties, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000084813

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:

Cary P. Sabol
Name of Person

Name of Firm/Company

2875 S. Ocean Blvd., Suite 200
Address

Palm Beach, Florida 33480
City/State and Zip Code

CSABOL@SABOLLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cary P. Sabol at (561) 281-2744
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2023 FEB 27 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FL

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

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

Cary P. Sabol _____, hereby resigns as

Name of Registered Agent

Registered Agent for Oldfiled Properties, LLC

Name of Limited Liability Company

L11000084813

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:

Cary P. Sabol

Typed or Printed Name

Registered Agent

Capacity

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SECRETARY OF STATE
TALLAHASSEE FL

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**