

L141000094826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

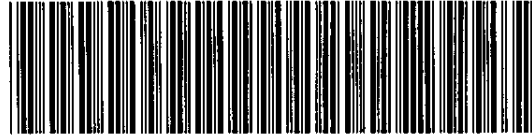
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 16 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOWER DRONES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000094826

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:

THOMAS SCOTT
Name of Person

TOWER DRONES LLC
Name of Firm/Company

35 W. AVERY ST.
Address

PENSACOLA FL 32501
City/State and Zip Code

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

For further information concerning this matter, please call:

THOMAS SCOTT at (850) 266-3417
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CLARENCE S. BROWN

Name of Registered Agent

, hereby resigns as

Registered Agent for **TOWER DRONES LLC**

4108 WYNFORD CIRCLE, PENSACOLA, FL, 32504

Name of Limited Liability Company

L14000094826

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:

CLARENCE S. BROWN

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

2015 JUL 15 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314