

L16000209982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

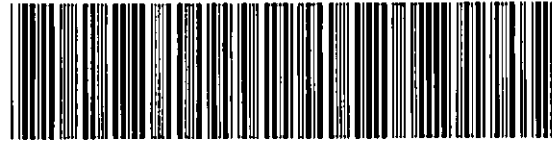
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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TALLAHASSEE, FL

FILED RECEIVED
2021 SEP 24 PM 3:58

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from ACCT. 120210000160 Amount: 25.-

Authorized Signature: _____

3629 Country Club Boulevard, LLC L16000209982

Business Name

Document #, (if known):

Walk in Pick up time _____

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Photocopy

Certified Copy of ARTICLES OF INCORP.

Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP

AMMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Conversion

OTHER FILINGS

Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign filing
 Limited Partnership
 Reinstatement

APOSTIL Other

Country

EXAMINER'S INITIALS: _____

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Country

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3629 COUNTRY CLUB BOULEVARD, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000209982

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:

Michael Calzadias
Name of Person

Name of Firm/Company

1502 CR 3010
Address

LUBBOCK TX 79403
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Calzadias at (806) 281-8988
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

DLF Registered Agent Service, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for 3039 COUNTRY CLUB BOULEVARD LLC

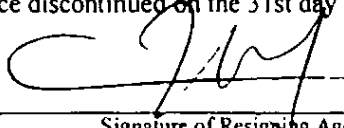
Name of Limited Liability Company

L16000209982

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:

Michael A Scott

Typed or Printed Name

MGR

Capacity

FILED
2021 SEP 24 AM 8:50
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