

LI7000 169 704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

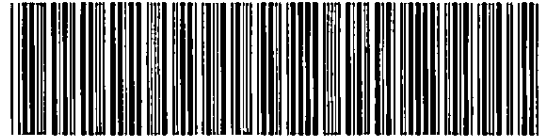
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2019 MAY -7 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE FL

LL

RA Resign.

5/21/19

DC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EXC INDUSTRIAL FLOOR COATING LLC

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

**DOCUMENT NUMBER:** L17000169704

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:

ERNIE FRYE

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

EXC INDUSTRIAL FLOOR COATING LLC

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

744 CHACALL LOOP

\_\_\_\_\_  
Address

MOUNT DORA, FL 32757

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

EXCFLOORING@GMAIL.COM

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

For further information concerning this matter, please call:

ERNIE FRYE

at ( 479 ) 366-2748

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**CLAUDECY SILVER**

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

, hereby resigns as

Registered Agent for **EXC INDUSTRIAL FLOOR COATINGS LLC**

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

**L17000169704**

\_\_\_\_\_  
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:

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

\_\_\_\_\_  
Capacity

**FILED**  
**2019 MAY - 7 PM 5:17**  
**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**