

L20000128024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

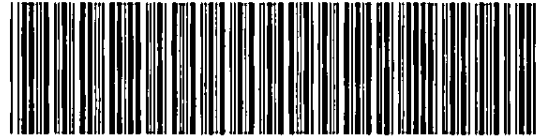
(Business Entity Name)

(Document Number)

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2020 SEP 21 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

Jax 10/26/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A & K Walker's Enterprise LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000128024

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:

Brandon A. Stanko  
Name of Person

Brandon Stanko PA  
Name of Firm/Company

301 W Bay St Ste 14132  
Address

Jacksonville FL 32202  
City/State and Zip Code

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

For further information concerning this matter, please call:

Brandon Stanko at ( 904 ) 357-0493  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Jasmine Brown \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for A & K Walker's Enterprise LLC

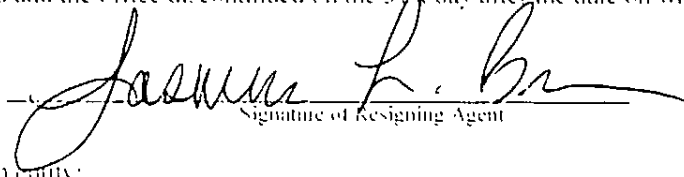
Name of Limited Liability Company

L200001280204

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 31<sup>st</sup> 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

2020 SEP 21 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**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