

MA11000001230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

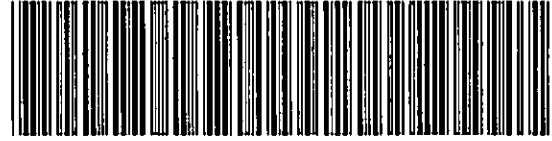
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100307591451

01/16/18--01024--008 **65.00

FILED
SHIRLEY J. SALY
DIVISION OF CORPORATIONS
18 JAN 16 PM 1:29

K. SALY
JAN 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONEIR SALES AND RENTALS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M11000001230

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:

SCOTT SHIGLEY
Name of Person

JAMES KARL & ASSOCIATES, P.A.
Name of Firm/Company

1095 BALD EAGLE DRIVE
Address

MARCO ISLAND, FL 34145
City/State and Zip Code

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

For further information concerning this matter, please call:

SCOTT SHIGLEY at (239) 642-9988
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JAMES KARL & ASSOCIATES, P.A., hereby resigns as
Name of Registered Agent

Registered Agent for ONEIR SALES AND RENTALS, LLC
Name of Limited Liability Company

M11000001230
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:

JAMES L. KARL
Typed or Printed Name

OWNER
Capacity

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

18 JAN 16 PM 1:29
SECRETARY OF STATE
DIVISION OF CORPORATIONS