M11000005147

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COVER LETTER

SUBJECT: Innovative Structrural Consult		
Nan	ne of Limited Liability	/ Company
DOCUMENT NUMBER: M11000005	147	
The enclosed Resignation of Registered for filing.	d Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concer	ming this matter to t	he following:
Bryan C McDaniel		
Name of Person	···-	-
Innovative Structural Consultants, LLC		
Name of Firm/Compar	ny	-
13047 Perthshire		
Address		-
Houston, TX 77079		
City/State and Zip Coo	de	-
accounting@innovative-structural.com		
E-mail address: (to be used for future ann	ual report notification)	-
For further information concerning this	matter, please call:	
Cindy Arbaugh	832 at (767-2251
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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

. . . R .

Pursuant to the provis	ions of section 605.0115	5, Florida Statutes, the u	ındersigned,		
INORP SERVICES IN	C.		, hereby resigns as		
	Name of Registered Agen	nt	, nereby resigns as		
Registered Agent for	Innovative Structural Co	onsultants, LLc			
	Name of Limi	ited Liability Company			
M11000005147					
Document l	Number, if known				
A copy of this resignat	tion was mailed to the al	bove listed limited liabi	ility company at its last k	nown address.	
The agency is terminal	ted and the office discon	ntinued on the 31st day	after the date on which the	his statement is fil	led.
	Buyen (Signature of Resigning Age	cnt	2021 AUG 3 SECRLIAR TALLAH/	©/ ===
If signing on behalf of	an entity:			La	
	Bryan C McDaniel			31 878	
	MGR	ped or Printed Name Capacity		RY OF STAT ASSEE, FL	E D
				<u> </u>	6.0
	FILING F \$ 85.00 \$ 25.00	Active limited liability Administratively disso withdrawn limited lia	y company olved/ voluntarily dissol ibility company	ved/	

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