

L15000070038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

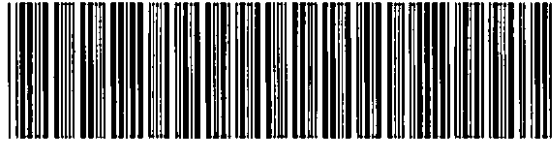
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2019 MAR 27 A 12:38  
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TALLAHASSEE, FLORIDA

4/8/19 QS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1144 BUSINESS SERVICES LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000070038

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:

NICOLE J. HUESMANN

Name of Person

NICOLE J. HUESMANN, P.A.

Name of Firm/Company

150 ALHAMBRA CIRCLE, SUITE 1150

Address

CORAL GABLES, FL 33134

City/State and Zip Code

NJHUESMANN@NJHLAW.COM

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

For further information concerning this matter, please call:

NICOLE J. HUESMANN

at ( 305 ) 858-0220

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2019 MAR 27 AM 10:38  
TALLAHASSEE, FLORIDA

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**MARK S. SCOTT**

, hereby resigns as

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

Registered Agent for **1144 BUSINESS SERVICES LLC**

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

**L15000070038**

\_\_\_\_\_  
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.

**FILED**  
2019 MAR 27 AM 12:38  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

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

\_\_\_\_\_  
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**