

L16000209992

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(Business Entity Name)

(Document Number)

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FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from ACCT. I20210000160 Amount: 25.00

Authorized Signature: \_\_\_\_\_

5517 E. FM 40, LLC L16000209992

**Business Name**

**Document #, (if known):**

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\_\_\_\_ Profit  
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\_\_\_\_ Limited Liability  
\_\_\_\_ Domestication  
\_\_\_\_ Other  
\_\_\_\_ CORP

**AMMENDMENTS**

\_\_\_\_ Amendment  
\_X\_ Resignation of R.A. Officer/Director  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_ Merger  
\_\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign filing  
\_\_\_\_ Limited Partnership  
\_\_\_\_ Reinstatement

\_0\_ APOSTIL () \_\_\_\_\_ Other  
Country

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from ACCT. 120210000160 Amount: 25.5

Authorized Signature: \_\_\_\_\_

5517 E. FM 40, LLC L16000209992  
**Business Name**

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**Country**

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5517 E FM 40, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L16000209992

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:

Michael Calzadias

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

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

1502 CR 3010  
Address

LUBBOCK TX 79403  
City/State and Zip Code

michaelcalzadias@gmail.com

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

For further information concerning this matter, please call:

Michael Calzadias                      806                      281-8988  
\_\_\_\_\_  
Name of Person                      at (                      )  
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,

DLF Registered Agent Service, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for

5517 E FM 40, LLC

Name of Limited Liability Company

L16000209992

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:

Michael A Scott

Typed or Printed Name

MGR

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

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