Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077 Phone : (407)649-4016 Fax Number : (407)841-0168

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email:	Address:			
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LLC REGISTERED AGENT RESIGNATION NEFF ENGINEERING, LLC

Certificate of Status	0
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Page 2

COVER LETTER

Rodriguez, Evelyn D.

•		•
TO: Registration Section Division of Corporations		•
SUBJECT: Neff Engineering, LLC	of Limited Liability	Company
DOCUMENT NUMBER: L00000012497	•	
		d Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to t	he following:
Evelyn Rodriguez		
Name of Person		-
Baker & Hostetler, LLP		
Name of Firm/Company	у	-
200 S. Orange Avenue, SUITE 2300		
Address		-
Orlando, Florida 32801		
City/State and Zip Code	ę	-
E-mail address: (to be used for future annual	al report notification)	-
For further information concerning this i	matter, please call:	
Evelyn Rodriguez	407 at (649-4071
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	or section 605.011.	o, Piorida Statutes, me u	ikierzigneo,			
David L. Schick			, hereby resigns as			
7	vame of Registered Ager					
Registered Agent for		····				
Noff Engineering, LLC						
	Name of Lin	ned Liability Company			***************************************	
L00000012497						
Document Num	ber, if known					
A copy of this resignation	was mailed to the a	above fisted limited liabi	lity company at its la	ast known ad	dress.	
The agency is terminated	and the office disco	ntimied on the 31st day	11113000	eh this staten	nent is	filed.
If signing on behalf of an	entity:					
	Ţ	yped or Printed Name		:	2023 H	
		Capacity			2023 FEB 24	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawa limited li	y company olyed/ voluntarily d ability company	issolved/ ·	PH 5: 40	

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