

LC1 0000 15867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

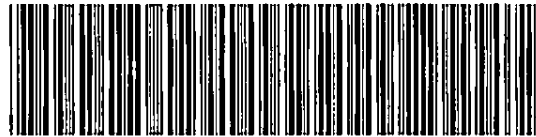
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900341697729

03/10/20--01016--036 **80.00

RECEIVED

MAR 09 2020

FILED
2020 MAR 10 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

MAR 30 2020

C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 911 Management, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L01000015867

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:

Melissa M. Turner

Name of Person

911 Management, LLC

Name of Firm/Company

C/O Delanna Rhoton P.O. Box 416

Address

Winchester, TN 37398

City/State and Zip Code

N/A

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

For further information concerning this matter, please call:

Delanna M. Rhoton

at (931) 967-0611
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 of section 605.0115, Florida Statutes, the undersigned,

Melissa M. Turner _____, hereby resigns as

Name of Registered Agent

Registered Agent for 911 Management, LLC

Name of Limited Liability Company

L01000015867

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.

Melissa M. Turner

Signature of Resigning Agent

If signing on behalf of an entity:

Melissa M. Turner

Typed or Printed Name

Member

Capacity

FILED
2020 MAR 10 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

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