

# L02000014502

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : A1A REGISTERED AGENT INC.  
Account Number : I20090000032  
Phone : (561)792-2236  
Fax Number : (561)202-8082

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
PROFESSIONAL ESTIMATING AND CONSULTING SERVICES L.L.C.**

Certificate of Status	0
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NOV - 3 2023

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

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

A1A CORPORATE SERVICES INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for PROFESSIONAL ESTIMATING AND CONSULTING SERVICES L.L.C.

Name of Limited Liability Company

L02000014502

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:

TINA MAKI

Typed or Printed Name

DPV

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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