

10/10/2019

Division of Corporations

# 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 : RICHARDS & ASSOCIATES, PA.  
Account Number : I20110000091  
Phone : (305)858-9900  
Fax Number : (305)285-0015

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

Email Address: RICHARDS@RICHARDS-LAW.COM

## LLC REGISTERED AGENT RESIGNATION NORTHLAND AUTOMATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 11 2019

Electronic Filing Menu

Corporate Filing Menu

M. S. EDMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTHLAND AUTOMATION, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000012666

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:

**TIMOTHY D RICHARDS**

Name of Person

**RICHARDS & PARTNERS PA**

Name of Firm/Company

**2665 S BAYSHORE DRIVE SUITE 703**

Address

**MIAMI, FL 33133**

City/State and Zip Code

**TRICHARDS@RICHARDS-LAW.COM**

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

For further information concerning this matter, please call:

**TIMOTHY D RICHARDS**

Name of Person

at ( **305** )

Area Code

**858-9900**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

WORLD CORPORATE SERVICES

, hereby resigns as

Name of Registered Agent

Registered Agent for NORTHLAND AUTOMATION, LLC

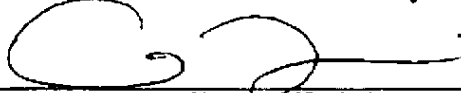
Name of Limited Liability Company

L03000012666

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:

GWENDOLYN RICHARDS

Typed or Printed Name

DIRECTOR

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