

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: Textlines@richards-law.comLLC REGISTERED AGENT RESIGNATION
NORTHLAND AUTOMATION AND SERVICES, LLC

Certificate of Status	0
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OCT 11 2019

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTHLAND AUTOMATION AND SERVICES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L03000049248

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

2865 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Registered Agent

, hereby resigns as

Registered Agent for **NORTHLAND AUTOMATION AND SERVICES, LLC**

Name of Limited Liability Company

L03000049248

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

2019 OCT 10 PM 1:34

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