

104000025422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

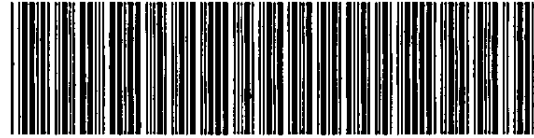
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 APR 26 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALV

APR 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carlson Enterprises LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L04000025422

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:

Adolph Carlson

Name of Person

Carlson Enterprises LLC

Name of Firm/Company

5028 Richard Lane W Suite B

Address

Jacksonville, FL 32216

City/State and Zip Code

info@carlosncgc.com

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

For further information concerning this matter, please call:

Adolph Carlson

Name of Person

at (

904

Area Code

527-1662

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Daryl Strickland

Name of Registered Agent

Registered Agent for **Carlson Enterprises LLC**

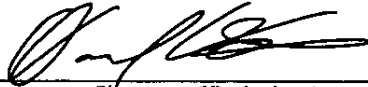
Name of Limited Liability Company

L04000025422

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:

Typed or Printed Name

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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA