

104 0000 48453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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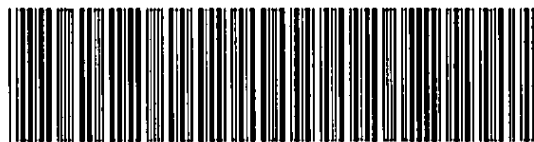
(Business Entity Name)

(Document Number)

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2020 MAY 11 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 28 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Langer Construction & Development, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L04000048453

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:

Barbara R. Langer  
Name of Person

Langer Construction & Development, LLC  
Name of Firm/Company

3820 Surfside Blvd.  
Address

Cape Coral, FL 33914  
City/State and Zip Code

langerconstruction@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Langer at ( 239 ) 945-0669  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Barbara Langer

Name of Registered Agent

hereby resigns as

Registered Agent for

Langer Construction & Development, LLC

Name of Limited Liability Company

L04000048453

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.

Barbara R. Langer

Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

2028 MAY 11 AM 11:43  
TALLAHASSEE, FL 32314

## 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