

104 0000085202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

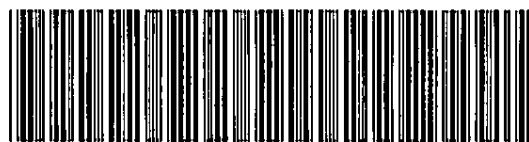
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700373375507

09/23/21--01010--029 **25.00

FILED
2021 SEP 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACCESS BIOMETRICS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000085202

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:

MICHAEL CORNELISON
Name of Person

ACCESS BIOMETRICS LLC
Name of Firm/Company

698 SHADY COURT
Address

ALTAMONTE SPRINGS, FL 32701
City/State and Zip Code

MIKE@ACCESSBIOMETRICS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL CORNELISON 407 312-0418
Name of Person at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

SUZANNE D MEEHLE

Name of Registered Agent

hereby resigns as

Registered Agent for ACCESS BIOMETRICS LLC


Name of Limited Liability Company

1.04000085202

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

FILED
2021 SEP 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FL