

L050000013994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

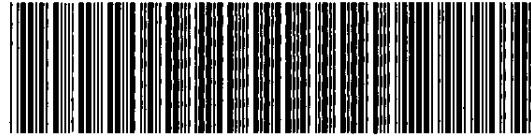
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Resign.

TBrown 6-13-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Allstates Fire & Waterproofing, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000013994

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:

J. Marshall Fry, Esq.  
Name of Person

J. Marshall Fry, Esq.  
Name of Firm/Company

905 E. M.L. King Dr., No. 228  
Address

Tarpon Springs, FL 34689  
City/State and Zip Code

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

For further information concerning this matter, please call:

J. Marshall Fry, Esq. at ( 727 ) 939-0003  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2011

J. MARSHALL FRY, ATTORNEY AT LAW  
905 EAST M L KING DR STE 228  
TARPON SPRINGS, FL 34689

SUBJECT: ALLSTATES FIRE & WATERPROOFING PRODUCTS, LLC  
Ref. Number: L05000013994

We have received your document for ALLSTATES FIRE & WATERPROOFING PRODUCTS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 311A00013393

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

J. Marshall Fry, Esq.

Name of Registered Agent

, hereby resigns as

Registered Agent for Allstates Fire & Waterproofing, LLC

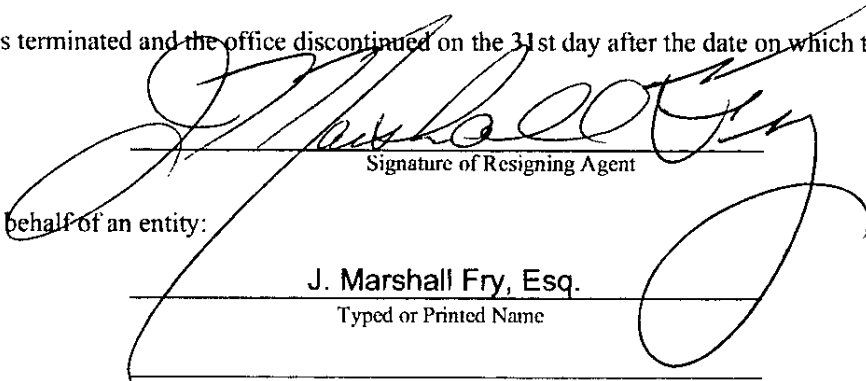
Name of Limited Liability Company

L05000013994

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:

J. Marshall Fry, Esq.

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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