

L05000015674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

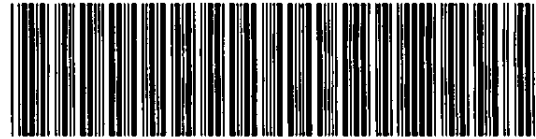
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100291536641

11/03/16--01010--015 **85.00

FILED
16 NOV -3 PM 12:25
CLERK OF SUPERIOR COURT
JULIA R. STAFF
JULIA R. STAFF

NOV 04 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jensen and Group Engineering Consultants LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 000195777820

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:

Haley Maple

Name of Person

Dalan Katz & Siegel

Name of Firm/Company

2633 McCormick Dr. Suite 101

Address

Clearwater, Florida 33759

City/State and Zip Code

hmaple@dalan-katz.com

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

For further information concerning this matter, please call:

Haley Maple

Name of Person

at (727) 796-1000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Haley Maple, Forizs & Dogali, PA, hereby resigns as

Name of Registered Agent

Registered Agent for Jensen and Group Engineering Consultants LLC

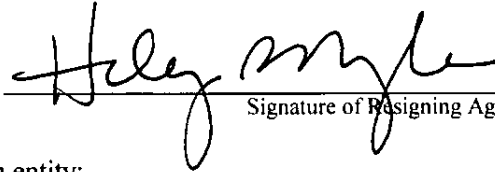
Name of Limited Liability Company

L05000015674

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

16 NOV -3 PM 12:25

FILED
DIVISION OF STATE
CORPORATIONS