

LD50000041535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

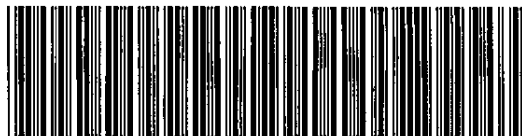
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAY 10 AM 11:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

CRM
5-13-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2015

KIM STANFIELD
THE HOGAN LAW FIRM
20 SO. BROAD STREET
BROOKSVILLE, FL 34601

SUBJECT: BEDROCK FOUNDATION WORKS OF FLORIDA, LLC
Ref. Number: L05000041535

FILED
15 MAY 10 AM 11:45
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Limited Liability Company.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 215A00006729

THE HOGAN LAW FIRM®

We mean businessSM

May 5, 2015

Florida Department of State
Division of Corporations
Attn: Cheryl R. McNair, Regulatory Specialist II
PO Box 6327
Tallahassee, FL 32425

Re: Bedrock Foundation Works of Florida LLC
Document No. L05000041535

RECEIVED
15 MAY 10 PM 2:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

Dear Ms. McNair:

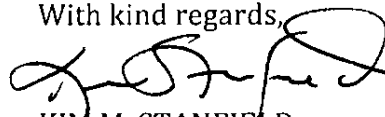
I enclose:

- (a) A copy of your letter dated April 3, 2015; and
- (b) Statement of Resignation of Registered Agent for a Limited Liability Company; and

Please process the filing of the Resignation a refund of the \$10 overpayment payable to the order of The Hogan Law Firm, LLC.

You are welcome to call me if there are any further concerns with this filing. Thank you ☺

With kind regards,



KIM M. STANFIELD
Legal Assistant

FILED
15 MAY 10 AM 11:45
TALLAHASSEE, FL 32304

kms



0534888



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEDROCK FOUNDATION WORKS OF FLORIDA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000041535

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:

Kim Stanfield

Name of Person

The Hogan Law Firm

Name of Firm/Company

20 So. Broad Street

Address

Brooksville, FL 34601

City/State and Zip Code

kstanfield@hoganlawfirm.com

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

For further information concerning this matter, please call:

Kim Stanfield

Name of Person

at (352) 799-8423

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

FILED
15 MAY 10 AM 11:45
SEC. OF STATE
TALLAHASSEE, FL

FILED
15 MAY 10 AM 11:45
SEC. OF STATE
TALLAHASSEE, FL

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

The Hogan Law Firm LLC

Name of Registered Agent

Registered Agent for BEDROCK FOUNDATION WORKS OF FLORIDA, LLC

Name of Limited Liability Company

L05000041535

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:

Deborah Hogan

Typed or Printed Name

Manager

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
15 MAY 10 AM 11:48
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS