

105 000 110309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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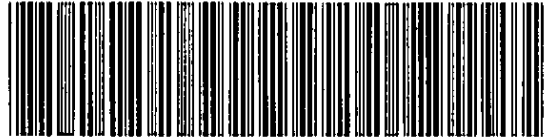
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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JAN 13 2020

# GREENE HAMRICK QUINLAN & SCHERMER, P.A.

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- Board Certified Wills, Trusts & Estates Lawyer
- Board Certified Elder Law Lawyer
- \* Also admitted in Georgia
- \* LL.M. in Taxation

MAILING ADDRESS:  
POST OFFICE BOX 551  
BRADENTON, FL. 34206

December 4, 2019

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

Re: Bar None, LLC; L05000110309

Gentlemen:

Enclosed please find the cover letter and Statement of Resignation of Registered Agent form regarding the above entity along with this firm's check in the amount of \$85.00 to cover the cost of processing this form.

Once the Resignation has been filed with the State, please provide us with copy of the confirmation of same for our files. If you have any questions, please contact us.

Very truly yours,



Trish Blauvelt

Assistant to John V. Quinlan

JVQ/prb  
Enclosure  
S469-5648

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bar None, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000110309  
\_\_\_\_\_

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:

Mary Scott Stoddard  
\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

6533 Bayou Hammock Road  
\_\_\_\_\_  
Address

Longboat Key, FL 34228  
\_\_\_\_\_  
City/State and Zip Code

brokeneck@comcast.net  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

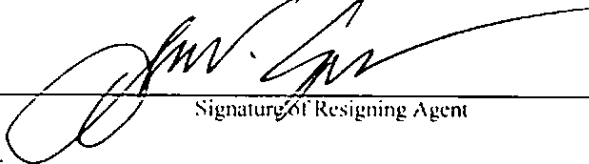
John V. Quinlan, Esq. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Bar None, LLC  
Name of Limited Liability Company

L05000110309  
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:

John V. Quinlan, Esq.  
Typed or Printed Name  
Resigning Registered Agent  
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

2019 DEC -9 PM 6:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED