

LO6000024393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

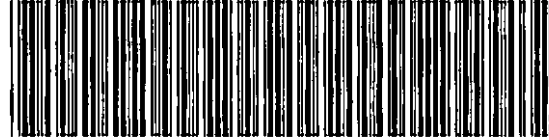
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JUL 12 2022

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JUL 12 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S&S Construction of Jacksonville, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L06000024393

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:

Shawn Arnold, Esq., B.C.S.

Name of Person

Arnold Law Firm

Name of Firm/Company

3840 Crown Point Road, Suite B

Address

Jacksonville, Florida 32257

City/State and Zip Code

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

For further information concerning this matter, please call:

Shawn Arnold, Esq., B.C.S.

904

731-3800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Shawn Arnold, Esq., B.C.S.

, hereby resigns as

Name of Registered Agent

Registered Agent for S&S Construction of Jacksonville, LLC

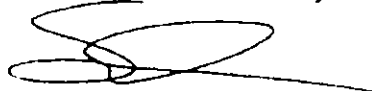
Name of Limited Liability Company

L06000024393

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

2022 JUL 12 PM 2:36



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2022

SHAWN ARNOLD, ESQ., B.C.S.
ARNOLD LAW FIRM
3840 CROWN POINT ROAD, SUITE B
JACKSONVILLE, FL 32257

SUBJECT: S & S CONSTRUCTION OF JACKSONVILLE LLC
Ref. Number: L06000024393

The form you submitted is for a Florida corporation, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 122A00014949