

L06000047880

(Requestor's Name)

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(City/State/Zip/Phone #)

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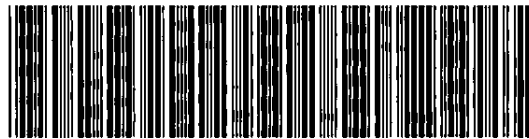
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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JUN 11 2009

J. BRYAN
JUN 19 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2009

CATHRYN WALKER
ECFO CORPORATION
3551 W. LAKE MARY BLVD., SUITE 209
LAKE MARY, FL 32746

SUBJECT: HURRICANE SHEDS OF FLORIDA, LLC
Ref. Number: L06000047880

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TALLAHASSEE, FLORIDA

We have received your document for HURRICANE SHEDS OF FLORIDA, and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 109A00019706

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hurricane Sheds of Florida, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000047880

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:

Cathryn Walker
Name of Person

ECFO CORP.
Name of Firm/Company

3551 W LAKEMARY Blvd. Suite 209
Address

Lakemary, FL 32746
City/State and Zip Code

casey@ecfocorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathryn Walker at (407) 330-0385
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

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,

C WALKER & Associates, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Hurricane Sheds of Florida, LLC
Name of Limited Liability Company

LO6000047880
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.

C J Walker
Signature of Resigning Agent

If signing on behalf of an entity:

CATHRYN L. WALKER
Typed or Printed Name
MANAGER MEMBER
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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TALLAHASSEE, FLORIDA