

LD6000060541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

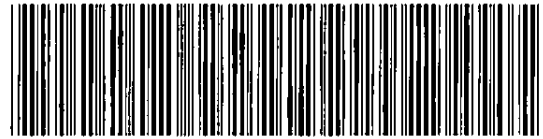
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/16/24--01014--022 **52.50

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quicklip, LLC

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: L06000060541

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Clive Russell

Contact Person

Quicklip, LLC

Firm/Company

2470 Victoria Point

Address

West Palm Beach, FL 33411

City, State and Zip Code

cliverussell@quicklip.net

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

For further information concerning this matter, please call:

Clive Russell

267 259-2764

Name of Contact Person

at (_____) _____
Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Michela Ghignone _____, hereby resigns as
Name of Registered Agent

Registered Agent for Quicklip, LLC _____,
Name of Limited Partnership or Limited Liability Limited Partnership

L06000060541 _____
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.



Signature of Registered Agent

If signing on behalf of an entity:

Clive Russell

Typed or Printed Name
President

Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA