

LOG000081507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

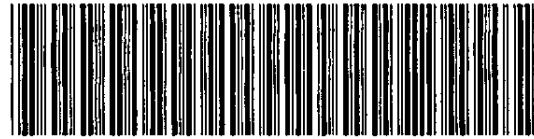
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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All Coast Foundation Systems, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000081507

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:

**Brent T. Ferguson**

Name of Person

**All Coast Foundation Systems, LLC**

Name of Firm/Company

**9111 Cypress Keep Ln.**

Address

**Odessa, FL 33556**

City/State and Zip Code

**brentfergusonacfs@gmail.com**

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

For further information concerning this matter, please call:

**Brent T. Ferguson**

Name of Person

at ( **813** ) **241- 7374**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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,

**Brent T. Ferguson**

, hereby resigns as

Name of Registered Agent

Registered Agent for **All Coast Foundation Systems, LLC**

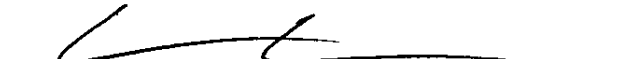
Name of Limited Liability Company

**L06000081507**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 17 PM 12:47

**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**