

L06 000081507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

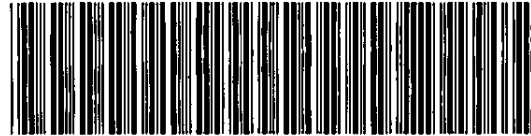
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN -9 PM 12:02
SOUTH ALABAMA
SOUTH ALABAMA

JUN 19 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESIGNATION OF REGISTERED AGENT

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:

Steven R. Jensen

Name of Person

Trinity Management Group, LLC

Name of Firm/Company

PO BOX 1320

Address

Port Richey, Florida 34673-1320

City/State and Zip Code

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

For further information concerning this matter, please call:

Steven R. Jensen

Name of Person

at (727)

Area Code

857-5955

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TRINITY MANAGEMENT GROUP, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for **ALL COAST FOUNDATION SYSTEMS, LLC**

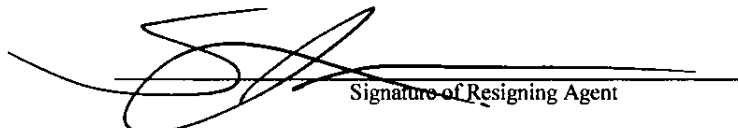
Name of Limited Liability Company

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:

Steven R. Jensen

Typed or Printed Name

Managing Member - Trinity Management Group

Capacity

FILED
14 JUN -9 PM 12:02
TALLAHASSEE, FLORIDA

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**