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Division of Corporations

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Account Name : HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.

Account Number: 120020000128 Phone: (904)356-6311 Fax Number: (904)356-7330

REGISTERED AGENT RESIGNATION

ROOF DOCTORS X-PERTS, LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 02

 Estimated Charge
 \$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisions of section 608.	116(2) or 608.509, Florida Statutes, the undersigned,	`
Daniel D. Akel, Esquire	, hereby resigns as	
(Name of Registered	Agent)	
Registered Agent for Roof X-perts, L	LC	
(Name o	Limited Liability Company)	
L06000084511		
(Document Number, if known)		
A copy of this resignation was mailed to	ne above listed limited liability company at its last known address.	
The agency is terminated and the office d	scontinued on the 31st day after the date on which this statement is filed.	
	Signature of Resigning Agent)	
f signing on behalf of an entity:	A Committee of the Comm	
	(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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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