

206 000 120291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

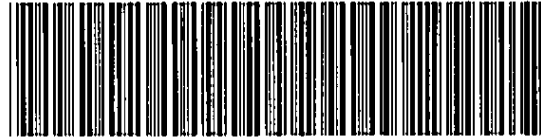
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900369531169

07/09/21--01018--009 \*\*25.00

FILED  
2021 JUL -9 AM 9:59  
SEAL OF THE STATE  
TALLAHASSEE, FL

JUL 24 2021

C Kinsey

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WILLIS CONTRACTORS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000120291

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:

KAREL OUREDNIK IV  
Name of Person

OUREDNIK LAW OFFICES, PA  
Name of Firm/Company

4600 TOUCHTON ROAD E., SUITE 1150  
Address

JACKSONVILLE, FLORIDA 32246  
City/State and Zip Code

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

For further information concerning this matter, please call:

KAREL OUREDNIK IV                      904                      396--8080  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

KAREL OUREDNIK IV \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for WILLIS CONTRACTORS LLC

\_\_\_\_\_  
Name of Limited Liability Company

L06000120291

\_\_\_\_\_  
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**  
2021 JUL -9 AM 9:59  
TALLAHASSEE, FL

## **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**