

L07000025899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

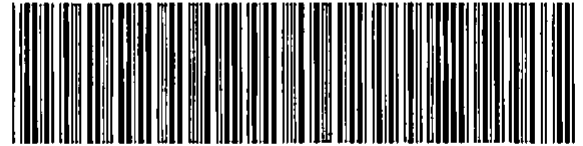
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800332839488

08/13/19--01023--021 **25.00

FILED

2019 AUG 13 P 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2019

T. LEMIEUX

COVER LETTER

• • • **TO:** Registration Section
Division of Corporations

SUBJECT: Contract Realty Maintenance Services, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L07000025899

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:

Theodore Weiner

Name of Person

Name of Firm/Company

5464 Whispering Willow Way

Address

Fort Myers, Florida 33908

City/State and Zip Code

TWeiner@Evjon.com

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

For further information concerning this matter, please call:

Theodore Weiner

239

482-3319

at (

)

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Theodore M weiner, hereby resigns as

Name of Registered Agent

Registered Agent for Contract Realty Maintenance Services, LLC

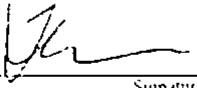
Name of Limited Liability Company

L07000025899

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

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

INHS17 (2-14)

FILED
2019 AUG 13 P 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA