

LD7000067542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

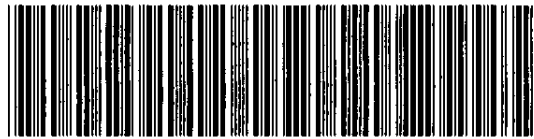
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600166347546

01/22/10--01013--004 **85.00

FILED

2010 JAN 22 A 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2010 JAN 26 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Tew
1-27-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eviction Services of SWFL, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: LO7000067542

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:

RALPH Gorton
Name of Person

Eviction Services of SWFL, LLC
Name of Firm/Company

1952 Bethany PL
Address

Naples, FL 34109
City/State and Zip Code

Rgorton3@Comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH Gorton at (239) 450-3683
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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,

Ralph Gorton
~~*Ralph Gorton*~~, hereby resigns as
Name of Registered Agent

Registered Agent for *Eviction Services of SWFL, LLC*

Name of Limited Liability Company

LO7 000067542
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.

Ralph Gorton
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

FILED
2008 JAN 22 11:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE