

LO7000072795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

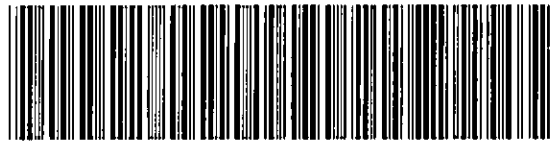
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

Lele3-



400340594574

02/21/20--01011--029 \*\*85.00

2020 FEB 16 14:10:20

C. GOLDEN

A. R. 23 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Glades Roofing LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: \_\_\_\_\_

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:

Joan Pamela Wilson  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

9339 Via Classico W  
Address

Wellington, FL 33411  
City/State and Zip Code

Joan.Wilson92@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL WILSON at ( 954 ) 593 5917  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2020

CARL A. WILSON  
424 DR. MARTIN LUTHER KING BLVD  
BELLE GLADE, FL 33430

SUBJECT: GLADES ROOFING, LLC  
Ref. Number: L07000072795

We have received your document and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 920A00005671

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

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

Kaye - Ann Baxter, hereby resigns as  
Name of Registered Agent

Registered Agent for Glades Roofing, LLC

Name of Limited Liability Company

L07000072795  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

Kaye - Ann Baxter  
Typed or Printed Name  
Registered Agent  
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 16 APR 10:20