

L 07000127579

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TALLAHASSEE, FLORIDA

Revised R.A.
C.COULLIETTE

DEC 13 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Martin & Hartness, LLC
(Name of Corporation)

DOCUMENT NUMBER: L07000127579

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott M. Work

(Name of Person)

Matthews & Hawkins, P.A.

(Name of Firm/Company)

4475 Legendary Drive

(Address)

Destin, FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott M. Work

(Name of Person)

at (850) 837-3662

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2010

SCOTT M. WORK
MATTHEWS & HAWKINS, P.A.
4475 LEGENDAY DR
DESTIN, FL 32541

SUBJECT: MARTIN & HARTNESS, LLC
Ref. Number: L07000127579

We have received your document for MARTIN & HARTNESS, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you have used is for a corporation. You are filed with this office as a Florida Limited Liability therefore, I am sending you the correct form to complete and return with a copy of this letter.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 210A00027259

RECEIVED
10 DEC 13 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Martin & Hartness, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LD7000127579

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:

Scott M. Work
Name of Person

Matthews & Hawkins
Name of Firm/Company

4475 Legendary Dr.
Address

Destin FL 32541
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott M. Work at (850) 837-3662
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,

Scott M. Work

Name of Registered Agent

, hereby resigns as

Registered Agent for

Martin + Hartness LLC

Name of Limited Liability Company

LO7 000127579

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.

Scott M. Work

Signature of Resigning Agent

If signing on behalf of an entity:

Scott M. Work

Typed or Printed Name

R.A.

Capacity

FILED
10 DEC 13 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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