

LOG 000041443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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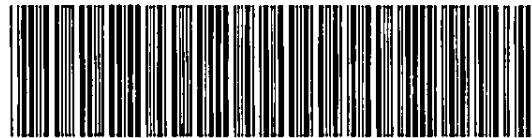
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

12/14/20

Ca

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old Barn Storage, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L08000041443

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:

George H. Knott

Name of Person

Knott Ebelini Hart

Name of Firm/Company

1625 Hendry Street, Third Floor

Address

Fort Myers, FL 33901

City/State and Zip Code

dpfent65@aol.com

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

For further information concerning this matter, please call:

George H. Knott

Name of Person

at (239) 334-2722

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

2020 NOV -2 AM 8: 52

SECRETARY OF STATE
TALLAHASSEE, FL

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

George H. Knott _____, hereby resigns as

Name of Registered Agent

Registered Agent for Old Barn Storage, LLC

Name of Limited Liability Company

L08000041443

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