

LD8 000070082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

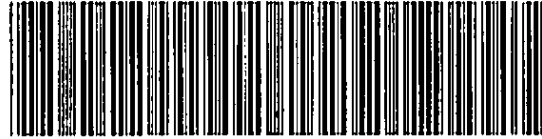
(Business Entity Name)

(Document Number)

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2022 JUN 13 AM 10:54
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

AUG 31 2022

S. PRATHE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Modification Specialists LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000070082

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:

Mr. Joseph A Marotta

Name of Person

N/A

Name of Firm/Company

12329 Equine Lane

Address

Wellington Florida 33414

City/State and Zip Code

jamarotta@gmail.com

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

For further information concerning this matter, please call:

Mr. Brad Helsten Esquire at (801) 478-6800
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Joseph A Marotta

, hereby resigns as

Name of Registered Agent

Registered Agent for Florida Modification Specialists LLC

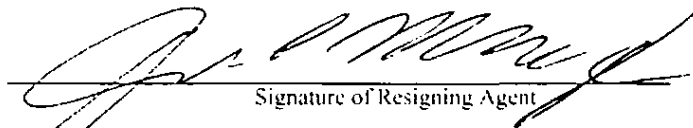
Name of Limited Liability Company

L08000070082

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

FILED
2022 JUN 13 AM 10:54
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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