

LD8 000070082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

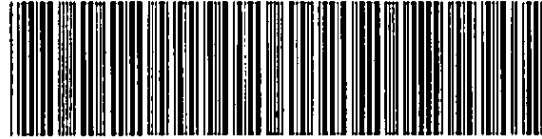
(Business Entity Name)

(Document Number)

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2022 JUN 13 AM 10:54  
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

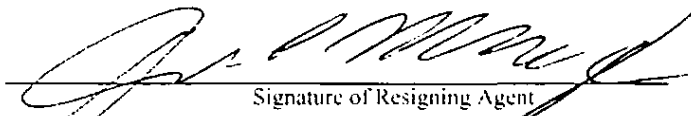
Joseph A Marotta \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

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

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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