090000026168

(Requestor's Name)
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Barnett Street, LLC Name of Limited Liability Compa	ny	
DOCUMENT NUMBER: 1090000 26168		
The enclosed Resignation of Registered Agent for a Limited Liabilifor filing.	ty Company and fee are submitted	
Please return all correspondence concerning this matter to the follow	wing:	
Katherine B. Schnauss Naugle Name of Person		
The Law Office of Katherine Name of Firm/Company	igle	
810 Margaret St.		
Jak. FL 3 ZZOU City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person Daugle at (904) 360 Area Code Daytin	16-2703 ne Telephone Number	
Enclosed is a check made payable to the Florida Department of Stat liability company or \$25.00 for an administratively dissolved, volur liability company.	te for \$85.00 for an active limited ntarily dissolved or withdrawn limited	
MAILING ADDRESS: STREET ADI Registration Section Registration Se		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Name of Registered Agent, hereby resigns as
Registered Agent for Barnett Street LLC
Name of Limited Liability Company
20900026168 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 of N curyle: Smith PL.
If signing on behalf of an entity:
Dane Smith PL, n/e/a The Law Office of Katherine Naugle Browner manager (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FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)