

L090000071894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

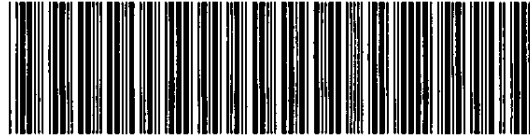
(Business Entity Name)

(Document Number)

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2015 OCT 16 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 19 2015
J. HARRIS

LAW OFFICE OF SAM J. SAAD III

2670 Airport Road South | Naples, FL 34112-4885
Office: (239) 963-1635 | Fax: (239) 791-1208
www.SaadLegal.com

Sam J. Saad III, Founder and Senior Attorney, *Licensed in Florida and Washington, DC*
David T. Lupo, Senior Litigation Attorney, *Licensed in Florida*
Ashley L. Cooper, Associate, *Licensed in Florida and Washington, DC*
Amanda L. Gunter, Associate, *Licensed in Florida*

October 12, 2015

SENT VIA UNITED STATES POSTAL SERVICE

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Resignation of Registered Agent

To Whom It May Concern:

Please find enclosed the Statement of Resignation of Registered Agent form removing Sam J. Saad III, PA as registered agent for AB&J Services, LLC.

If you have any questions or additional information is needed please contact my office at (239) 963-1635.

Respectfully submitted,
Law Office of Sam J. Saad III

By: 

Amanda L. Gunter, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AB&J SERVICES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L09000071894

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:

AMANDA GUNTER

Name of Person

LAW OFFICE OF SAM J. SAAD, III

Name of Firm/Company

2670 AIRPORT ROAD SOUTH

Address

NAPLES, FL 34112

City/State and Zip Code

N/A

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

For further information concerning this matter, please call:

AMANDA GUNTER

Name of Person

at (239) 963-1635

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SAM J. SAAD III PA

, hereby resigns as

Name of Registered Agent

Registered Agent for **AB&J SERVICES, LLC**

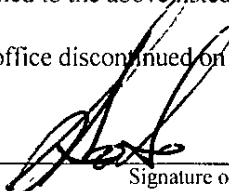
Name of Limited Liability Company

L09000071894

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:

SAM J. SAAD III

Typed or Printed Name

PRESIDENT

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314