

L10 0000018857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

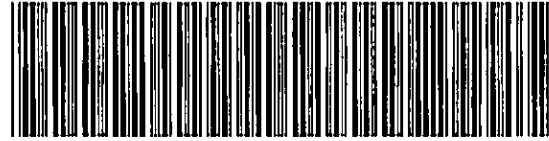
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/29/21--01003--001 **60.00

01/15/21--01020--027 **25.00

2021 MAR 22 AM 11:58

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APR 13 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2021

PETER OSGARD
2903 BURKE ST
JACKSONVILLE, FL 32254

SUBJECT: BASALTLABS, LLC
Ref. Number: L10000018857

We have received your document for BASALTLABS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 721A00003956

✓ # 3226

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BASALTLABS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000018857

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:

PETER M. OSGARD

Name of Person

BASALTLABS, LLC

Name of Firm/Company

2903 BURKE STREET

Address

JACKSONVILLE, FLORIDA 32254

City/State and Zip Code

SALES@PENGUINDOOR.COM

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

For further information concerning this matter, please call:

PETER M OSGARD

at (904) 5404450

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2021 MAR 22 AM 11:58

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

PETER M. OSGARD

Name of Registered Agent

, hereby resigns as

Registered Agent for BASALTLABS, LLC

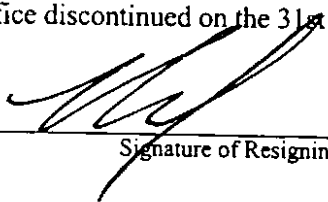
Name of Limited Liability Company

L10000018857

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**