

LI000052659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

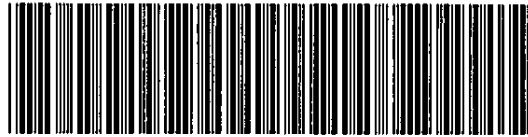
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300271961763

04/20/15--01047--007 **85.00

FILED

15 APR 20 PM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LEMMIEUX

APR 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steve's Frozen Chillers of South Carolina, Myrtle Beach LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 272593064

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:

John Shevchik

Name of Person

Name of Firm/Company

1805 Wood Stork Drive

Address

Conway, SC 29526

City/State and Zip Code

SteveT@stevesfrozenchillers.com

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

For further information concerning this matter, please call:

John Shevchik

Name of Person

at (843) 957-4064

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

John Shevchik

, hereby resigns as

Name of Registered Agent

Registered Agent for Steve's Frozen Chillers of South Carolina, Myrtle Beach LLC

Name of Limited Liability Company

272593064

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

FILED
15 APR 20 PM 11:00
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