# LIO 000053548

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S. YOUNG

### **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: Agee Consulting, LLC  Name of Limited Liability	Company
DOCUMENT NUMBER: L10000053548	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
David D. Agee	
Name of Person	
Agee Consulting, LLC	
Name of Firm/Company	
120 Snead Road	
Address	
Indian Harbour Beach, Fl. 32937	
City/State and Zip Code	
david@ageeco.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David D. Agee 321 at (	917-9374
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Sta	tutes, the undersigned.
Kimberly Mechan Agee	, hereby resigns as
Name of Registered Agent	
Registered Agent for Agec Consulting, LLC	
Name of Limited Liability Co	ompany
L10000053548	
Document Number, if known	
A copy of this resignation was mailed to the above listed li	mited liability company at its last known address.
The agency is terminated and the office discontinued on the	e 31st day after the date on which this statement is filed
Signature of R	Resigning Agent
If signing on behalf of an entity:	2021 JA
Typed or Printed	Name :
Capacity	

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

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company