

LI0000081746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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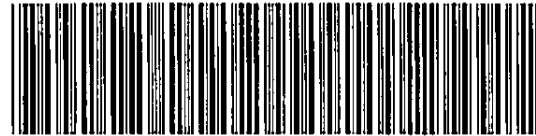
(Business Entity Name)

(Document Number)

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17 OCT 10 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*  
10/12/17

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOESCH AND BOESCH LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000081746

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:

Erika Boesch

\_\_\_\_\_  
Name of Person

Boesch and Boesch LLC

\_\_\_\_\_  
Name of Firm/Company

621 Torrey Oaks Ct

\_\_\_\_\_  
Address

Longwood FL 32750

\_\_\_\_\_  
City/State and Zip Code

joesedelweiss@yahoo.com

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

For further information concerning this matter, please call:

Hugo Boesch

at ( 407 ) 865 1758

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Erika Boesch

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for Boesch and Boesch LLC

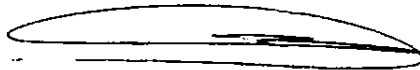
\_\_\_\_\_  
Name of Limited Liability Company

L10000081746

\_\_\_\_\_  
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:

Erika Boesch

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
17 OCT 10 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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