

L100000098944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

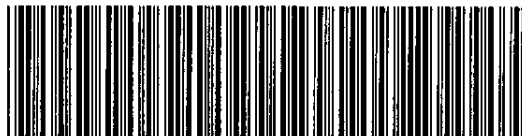
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 25 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fuel Free Recreation, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000098944

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:

Steven L. Lindsey

Name of Person

Steven L. Lindsey CPA & Associates, LLC

Name of Firm/Company

15205 Collier Blvd. Ste 208

Address

Naples, Florida 34119

City/State and Zip Code

slindsey@stevenlindseycpa.com

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

For further information concerning this matter, please call:

steven lindsey

Name of Person

at (239) 643-1622

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Steven L. Lindsey & Associates, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Fuel Free Recreation, L.L.C.

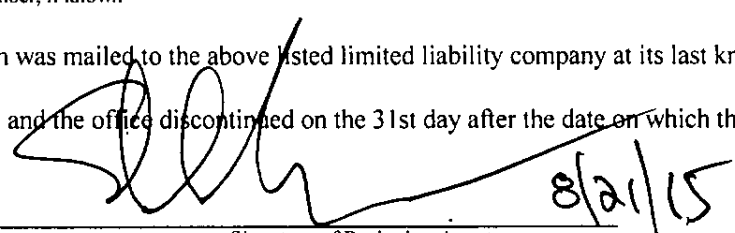
Name of Limited Liability Company

L10000098944

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:

Steven L. Lindsey

Typed or Printed Name

Managing partner

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED