

L10000100837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

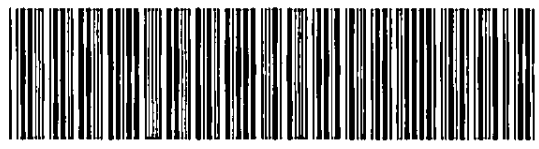
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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17 OCT 16 AM 7:32
11:53

2017 OCT 16 AM 8:15
TALLAHASSEE, FLORIDA
Office Use Only

Oct. 11, 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AT YOUR SERVICE ESTATE SALES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000100837

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:

MARSHA LYNN O'MEARA
Name of Person

Name of Firm/Company

1118 LONGWOOD OAKS BOULEVARD
Address

LAKELAND, FLORIDA 33811
City/State and Zip Code

lynn51650@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Lynn O'Meara at (863) 602-9902
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Oct. 11, 2017

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Marsha Lynn O'Meara

, hereby resigns as

Name of Registered Agent

Registered Agent for **AT YOUR SERVICE ESTATE SALES, LLC**

Name of Limited Liability Company

L10000100837

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.

Marsha Lynn O'Meara
Signature of Resigning Agent

If signing on behalf of an entity:

MARSHA LYNN O'MEARA

Typed or Printed Name

REGISTERED AGENT

Capacity

17 OCT 16 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
LED

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**