

L11000023873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

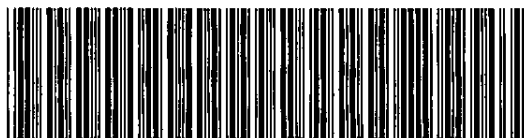
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400256880744

02/20/14--01024--015 **135.00

FILED
2014 FEB 20 PM 1:14
CLERK OF COURT
TALLAHASSEE, FLORIDA

FEB 21 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Affordable Property Services/C.A.P.S., LLC
Name of Limited Liability Company LLC

DOCUMENT NUMBER: L11000023873

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:

Michael Conner Turner
Name of Person

Complete Affordable Property Services, C.A.P.S.
Name of Firm/Company

1201 W 20th St.
Address

Sanford, FL 32771
City/State and Zip Code

miketurner521@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Turner at (407) 416-6993
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2014 FEB 20 PM 1:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Michael Conner Turner, hereby resigns as
Name of Registered Agent

Registered Agent for Complete Affordable Property Services, LLC /
C.A.P.S., LLC
Name of Limited Liability Company

L11000023873
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.

Michael Turner
Signature of Resigning Agent

If signing on behalf of an entity:

Michael Turner
Typed or Printed Name

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 20 PM 1:14

FILED