

LI 0000 29861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

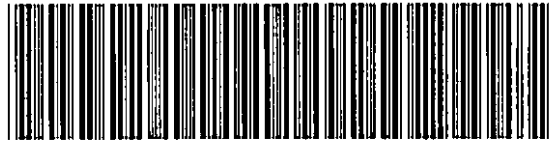
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400364262904

04/19/21--01016--024 **87.50

2021 JUN 21 PM 1:35

O SIMMON:

JUN 23 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 21 PM 1:15

June 9, 2021

OLGA GRANT
8300 SW 163RD STREET
PALMETTO BAY, FL 33157

SUBJECT: REEF RUNAROUND LLC
Ref. Number: L11000029861

We have received your document for REEF RUNAROUND LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 421A00012586

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reef Runaround LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 11000029861

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:

Philip M. Grant
Name of Person

Reef Runaround LLC
Name of Firm/Company

8300 SW 163rd Street
Address

Palmetto Bay FL 33157
City/State and Zip Code

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

For further information concerning this matter, please call:

Philip M Grant at (305) 498-3515
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Statutes, the undersigned,

Olga V Grant, hereby resigns as
Name of Registered Agent

Registered Agent for Reef Runaround LLC

Name of Limited Liability Company

L 11000029861
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.

Olga V Grant
Signature of Resigning Agent

If signing on behalf of an entity:

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