

L110000036811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

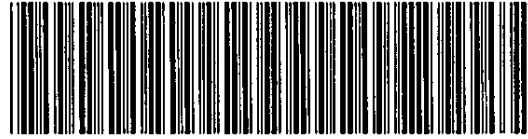
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

PA [Signature]

Office Use Only



900251011809

08/27/13--01012--008 **25.00

2013 AUG 28 AM 9:41
MAIL ROOM
MAIL ROOM

3

J. SAULSBERRY
EXAMINER
AUG 29 2013



**Resignation of Registered Agent for a
Limited Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**DATE: 8/23/2013
STATE: FLORIDA
REP UNIT: GULF COAST MECHANICAL
SUPPLY, LLC**

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 24509 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

2013 AUG 28 AM 9:41
STATE
FILED

Capitol Corporate Services, Inc.
Registered Agent Services



24-28863Q

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GULF COAST MECHANICAL SUPPLY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000036811

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:

Rhonda Peirce
Name of Person

Capitol Services Registered Agent Department
Name of Firm/Company

800 Brazos, Suite 400
Address

Austin, Texas 78701
City/State and Zip Code

rpeirce@capitol-services.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Peirce at (800) 345-4647
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2013 AUG 28 AM 9:41
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc., hereby resigns as

Name of Registered Agent

Registered Agent for

GULF COAST MECHANICAL SUPPLY, LLC

Name of Limited Liability Company

L11000036811

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:

Jason Fischer

Typed or Printed Name

Assistant Secretary

Capacity

2013 AUG 28 AM 9:41
FILED
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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GULF COAST MECHANICAL SUPPLY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000036811

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:

Rhonda Peirce
Name of Person

Capitol Services Registered Agent Department
Name of Firm/Company

800 Brazos, Suite 400
Address

Austin, Texas 78701
City/State and Zip Code

rpeirce@capitol-services.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Peirce at (800) 345-4647
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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Return acknowledgment to:

★
Capitol Services, Inc.
P.O. Box 1831 Austin, TX 78768
800/345-4647

FILED
2013 AUG 28 AM 9:41
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for

GULF COAST MECHANICAL SUPPLY, LLC

Name of Limited Liability Company

L11000036811

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:

Jason Fischer

Typed or Printed Name

Assistant Secretary

Capacity

FILED
2013 AUG 28 AM 9:41
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