L17000090005

(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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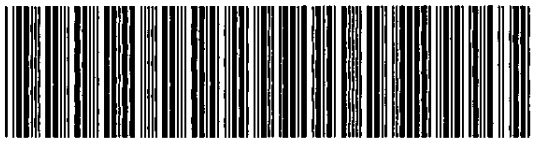

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17 JUN -8 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 09 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONVERGENT INDUSTRIES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000090005

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:

MARK WARDA
Name of Person

L.T.S.C. LLC
Name of Firm/Company

P O BOX 186
Address

LAKE WALES, FL 33859
City/State and Zip Code

MARK@WARDA.NET NOT FOR ANNUAL REPORT
E-mail address: (to be used for future annual report notification) WE ARE RESIGNING

For further information concerning this matter, please call:

MARK WARDA at (863) 678-0011
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

L.T.S.C., LLC, hereby resigns as
Name of Registered Agent

Registered Agent for CONVERGENT INDUSTRIES, LLC

Name of Limited Liability Company

L11000090005
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.

BY:
Signature of Resigning Agent

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17 JUN -8 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

MARK WARDA
Typed or Printed Name

PRESIDENT OF MANAGER OF REGISTERED AGENT
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

INHS17 (2/14)