

211000137602

(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



100273085181

05/26/15--01021--014 **25.00

FILED
2015 MAY 28 PM 3:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 29 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVERGLADES OIL, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000137602

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:

G. STEVEN BROWN
Name of Person

HENDRY, STONER & BROWN, P.A.
Name of Firm/Company

20 NORTH ORANGE AVENUE, SUITE 600
Address

ORLANDO, FLORIDA 32801
City/State and Zip Code

SBROWN@LAWFORFLORIDA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. STEVEN BROWN at (407) 843-5880
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
2015 MAY 28 PM 3:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

HENDRY, STONER & BROWN, P.A.

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **EVERGLADES OIL, LLC**

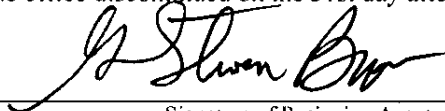
Name of Limited Liability Company

L11000137602

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:

G. STEVEN BROWN

Typed or Printed Name

VICE PRESIDENT/SECRETARY

Capacity

FILED
2015 MAY 28 PM 3:56
SECRETARY OF 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**