

12000005263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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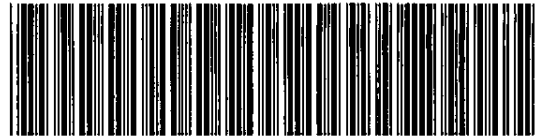
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Prospect Well Drilling & Irrigation, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 12000008263

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:

Jason McLean  
Name of Person

Prospect Well Drilling & Irrigation, LLC  
Name of Firm/Company

294 E. Michaelangelo Rd.  
Address

DeFuniak Springs, FL 32433  
City/State and Zip Code

STRAIDERS04@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason McLean at ( 850 ) 259-4776  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Jason McLean

Name of Registered Agent

, hereby resigns as

Registered Agent for Prospect Well Drilling & Irrigation, LLC

Name of Limited Liability Company

L12000008263

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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
MAR 10 2014  
TALLAHASSEE, FLORIDA  
2:20 PM

### **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