

L120000 10453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

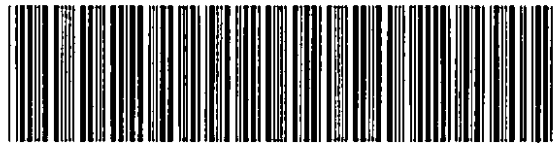
(Business Entity Name)

(Document Number)

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2020 JAN -2 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 30 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Coast Shrimp, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 12000010453

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:

Douglas K. McKoy, Esq.

Name of Person

Law Office of Douglas K. McKoy, P. A.

Name of Firm/Company

302 N. Main St., Suite B

Address

Trenton, FL 32693

City/State and Zip Code

doug@chiefandlegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas K. McKoy at (352) 490-4488

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Kelly D. Runnels

, hereby resigns as

Name of Registered Agent

Registered Agent for Florida Coast Shrimp, LLC

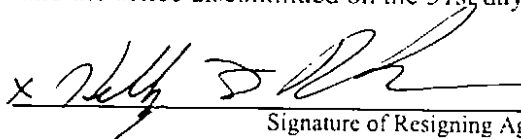
Name of Limited Liability Company

12000010453

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.

x 

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

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SECRETARY OF STATE
TALLAHASSEE, FL