

L12000015983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

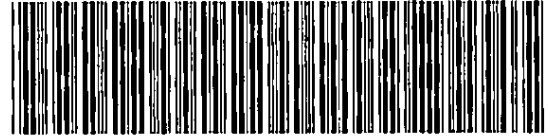
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



700314035497

06/05/18--01002--012 \*\*87.50

FILED  
18 JUN 19 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
JUN 25 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2018

JOHN ROGERS  
2502 NW 84RD WAY  
CORAL SPRINGS, FL 33065

SUBJECT: MADDY HOUSE, LLC  
Ref. Number: L12000015983

We have received your document for MADDY HOUSE, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

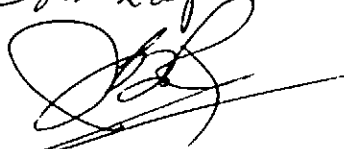
The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 718A00011876

6/14/18  
OK - Sorry for mix up.  


RECEIVED

2018 JUN 19 AM 11:10

DEPARTMENT OF  
DIVISION OF CORP.  
TALLAHASSEE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MADDY HOUSE LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 212000015983

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:

JOHN B ROGERS  
Name of Person

JOHN B ROGERS PA  
Name of Firm/Company

2502 NW 183RD WAY  
Address

CORAL SPRINGS, FL 33065  
City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN B ROGERS at ( 954 ) 235 6574  
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,

JOHN B ROGERS RA

Name of Registered Agent

, hereby resigns as

Registered Agent for MADDY HOUSE LLC

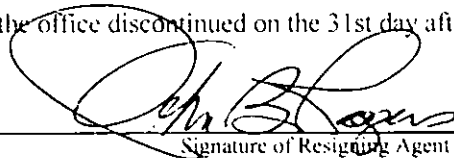
Name of Limited Liability Company

212000015983

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:

JOHN B ROGERS RA

Typed or Printed Name

OWNER

Capacity

FILED  
18 JUN 19 PM 2:12  
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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, JOHN B ROGERS PA

(Name of Registered Agent)

hereby resigns as Registered Agent for MADDY HOUSE LLC

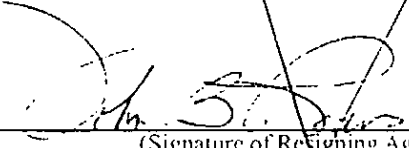
(Name of Corporation)

L12000015983

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

JOHN B. ROGERS PA

(Typed or Printed Name)

OWNER

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314