

L120000020213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

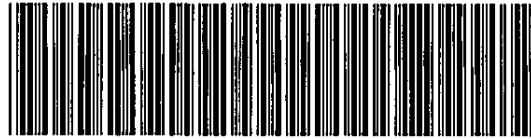
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200258389522

04/02/14--01022--005 **25.00

FILED
SECRETARY OF STATE
14 APR -2 PM 11:47

RAA
APR 8 2015
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NICK BATES AND ASSOCIATES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000020213

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:

Scott W. Fitzpatrick, Esquire

Name of Person

Owens Law Group, P.A.

Name of Firm/Company

811-B Cypress Village Blvd.

Address

Ruskin, FL 33573

City/State and Zip Code

Lorenzo Acevedo@gmail.com

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

For further information concerning this matter, please call:

Scott W. Fitzpatrick, Esquire at **(813) 633-3396**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Arthur N. Bates _____, hereby resigns as
Name of Registered Agent

Registered Agent for **Nick Bates and Associates, LLC** _____
Name of Limited Liability Company

L12000020213 _____
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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -2 PM 11:47

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**