

L12000029249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

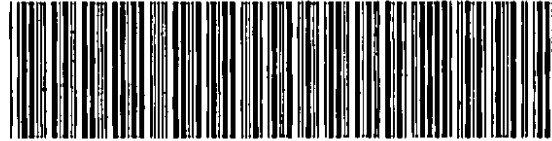
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400309382744

400309382744
02/26/18--01022--008 **25.00

FILED
18 FEB 26 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDY AND FRANK, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000029249

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 W. Frost, II

Name of Person

Frost Van Den Boom, P.A.

Name of Firm/Company

395 South Central Avenue

Address

Bartow, FL 33830

City/State and Zip Code

jfrost1985@aol.com

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

For further information concerning this matter, please call:

John W. Frost, II

Name of Person

at (863) 533-0314

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Fotios Papadopolous, hereby resigns as
Name of Registered Agent

Registered Agent for ANDY AND FRANK, LLC

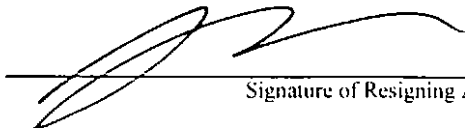
Name of Limited Liability Company

L12000029249

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:

Fotios Papadopolous
Typed or Printed Name
Reg. Agent
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

FILED
18 FEB 28 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA