

L120000 73729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

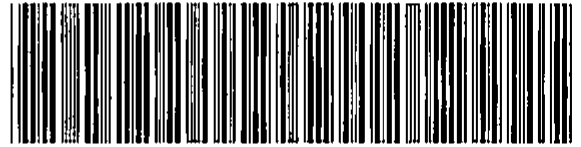
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HWY 17-92 STEEL BROKERS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000073729

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:

VICTOR LEE CHAPMAN

Name of Person

BARRETT, CHAPMAN & RUTA, PA

Name of Firm/Company

18 WALL STREET

Address

ORLANDO, FL 32801

City/State and Zip Code

micheleyule@gmail.com

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

For further information concerning this matter, please call:

Victor L. Chapman

Name of Person

at (407) 839-6227

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

VICTOR LEE CHAPMAN

hereby resigns as

Name of Registered Agent

Registered Agent for **HWY 17-92 STEEL BROKERS, LLC**

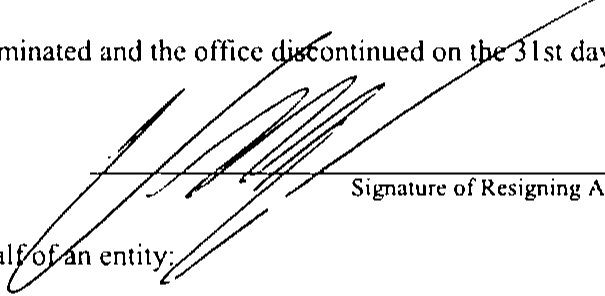
Name of Limited Liability Company

L12000073729

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
19 JUL 30 PM 1:25
TALLAHASSEE, FL
STATE DEPT OF STATE
CORPORATION DIV.

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