

L13000018539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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14 MAY -5 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAY 16 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E2 Construction LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000018539

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:

Ike Fountain

Name of Person

E2 Construction LLC

Name of Firm/Company

PO Box 7741

Address

Lakeland, FL 33807

City/State and Zip Code

ikefountain@yahoo.com

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

For further information concerning this matter, please call:

Ike Fountain

at (863) 206-1105

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Tina Brenneman

Name of Registered Agent

, hereby resigns as

Registered Agent for E2 Construction LLC

Name of Limited Liability Company

L13000018539

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:

Tina Brenneman

Typed or Printed Name

MGRM

Capacity

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AND
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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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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