

4300060101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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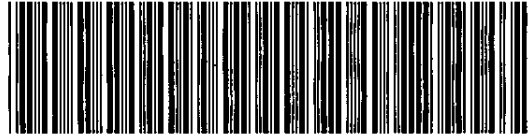
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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2015
JAN 16
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[Signature]

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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


Scott J. Henry, hereby resigns as
Name of Registered Agent

Registered Agent for Scott J. Henry
S. Henry Enterprises, LLC
Name of Limited Liability Company

L13000060101
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:

Scott J. Henry
Typed or Printed Name
Managing Member
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withdrawn limited liability company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

APPROVED
AND
FILED
15 JAN 16 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S. Henry Enterprises, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000060101

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 J. Henry

Name of Person

S. Henry Enterprises, LLC

Name of Firm/Company

7 Echo Sands Place

Address

Palm Coast, Florida 32164

City/State and Zip Code

scott.henry1958@yahoo.com

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

For further information concerning this matter, please call:

Scott Henry

Name of Person

at (585) 368-8175

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