

L130000064409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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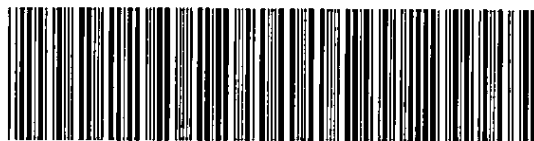
(Business Entity Name)

(Document Number)

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Y SULKER

JUN 21 2019

## COVER LETTER

**TO:** Registration Section  
• Division of Corporations

**SUBJECT:** FL ATM, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000064409

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:

Jaime DiPaolo

\_\_\_\_\_  
Name of Person

LCA Development

\_\_\_\_\_  
Name of Firm/Company

800 Highland Ave, Suite 200

\_\_\_\_\_  
Address

Orlando, FL 32803

\_\_\_\_\_  
City/State and Zip Code

jaime@lcadevelopment.com

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

For further information concerning this matter, please call:

Jaime DiPaolo

at ( 407 ) 297-1600

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Deidrea McGlown \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for FL ATM, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L13000064409  
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.

DocuSigned by:  
Deidrea McGlown  
1502FC7EC88D4BC Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

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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