

#L13000091194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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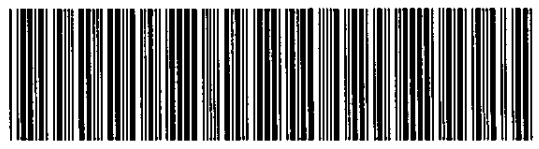
(Business Entity Name)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN - 8 2015

HAL SPENCE, P.A.
ATTORNEY AT LAW
221 N. CAUSEWAY, SUITE A
NEW SMYRNA BEACH, FL 32169-5200

TELEPHONE: 386-427-5227

FACSIMILE: 386-423-3909

EMAIL: HSPENCEPA@AOL.COM

May 27, 2015

Division of Corporations
Attn: Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Levelpro Masonry Services, LLC
Document No. L13000091194

Dear Sir:

Enclosed please find the following:

1. Statement of Resignation of Registered Agent for a Limited Liability Company.
2. Hal Spence, P.A. check in the amount of \$85.00.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Hal Spence

HS/tm

Enclosures

cf: Mr. Kenneth M. Whinnery (w/enclosures)

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Hal Spence

, hereby resigns as

Name of Registered Agent

Registered Agent for Levelpro Masonry Services, LLC

Name of Limited Liability Company

L13000091194

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

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withdrawn limited liability company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**

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2015 JUN - 1 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA