

# L13000133862

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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17 MAY 30 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

MAY 31 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THOMAS PAINTING & PRESSURE WASHING LLC

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

**DOCUMENT NUMBER:** L13000133862

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:

DAVID STEINFELD

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

BROTHER AND SISTER ACCOUNTING & TAX SER

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

4720 SALISBURY RD SUITE 229

\_\_\_\_\_  
Address

JACKSONVILLE, FLORIDA 32256

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

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

For further information concerning this matter, please call:

DAVID STEINFELD

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

at ( 904 ) 493-6481

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

(B&S Accounting & Tax Service)  
BROTHER AND SISTER ACCOUNTING & TAX SERVICE, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for THOMAS PAINTING & PRESSURE WASHING LLC

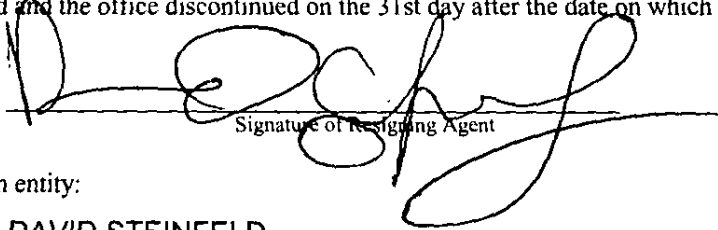
\_\_\_\_\_  
Name of Limited Liability Company

L13000133862

\_\_\_\_\_  
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:

DAVID STEINFELD

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

SENIOR PARTNER

\_\_\_\_\_  
Capacity

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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