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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL

C. GOLDEN

FEB - 4 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWD OF SOUTHEAST, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000154652

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:

Chris Kocher CPA

Name of Person

LCI Taxes

Name of Firm/Company

2729 E Moody Blvd Ste 101

Address

Bunnell, FL 32110

City/State and Zip Code

chriskocher@lcitytaxes.com

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

For further information concerning this matter, please call:

Chris Kocher

at (386) 586-3976

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Chris Kocher

Name of Registered Agent

, hereby resigns as

Registered Agent for TWD OF SOUTHEAST, LLC

Name of Limited Liability Company

L13000154652

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withdrawn limited liability company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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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

I did not sign
any form to make
myself RA for the
company - please remove
me immediately - you will
lose my company
L13000154652
is listed on
all reports I
am RA for.
I did not
authorize me
being removed as RA