

L13000 170 765

(Requestor's Name)

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(City/State/Zip/Phone #)

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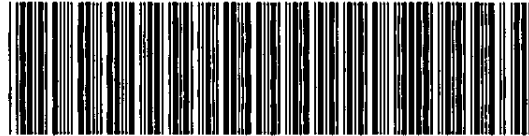
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT

JAN 20 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stigall & Associates, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000170765

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:

Rodney E. Stigall

Name of Person

Stigall & Associates, LLC

Name of Firm/Company

1900 S. Harbor City Blvd, Suite 309

Address

Melbourne, FL 32901

City/State and Zip Code

rstigall@stigallandassociates.com

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

For further information concerning this matter, please call:

Rodney E. Stigall

Name of Person

at (

321

)
Area Code

549-0288

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Antonio Edwin Stigall

, hereby resigns as

Name of Registered Agent

Registered Agent for Stigall & Associates, LLC

Name of Limited Liability Company

L13000170765

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.

Antonio E. Stigall
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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2016 JAN 19 PM 2:54
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