

L14 0000044334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

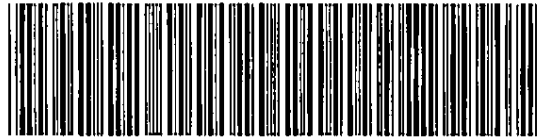
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 18 PM 7:16
CLERK OF COURT
JANET D. SIA
101 ALABAMA
BIRMINGHAM

JUN 05 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harmer Holdings, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000044334

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:

Thomas Harmer

Name of Person

Name of Firm/Company

1451 N. Ocean Blvd

Address

Pompano Beach, FL 33062

City/State and Zip Code

thstables@aol.com

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

For further information concerning this matter, please call:

Thomas Harmer

at (630) 247-4496

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Craig I. Kelley _____, hereby resigns as

Name of Registered Agent

Registered Agent for Harmer Holdings, LLC _____

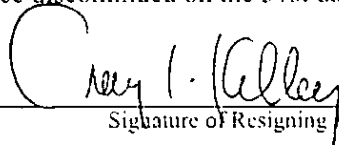
Name of Limited Liability Company

L14000044334 _____

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

FILED
2020 MAY 18 PM 7:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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