

L14000046974

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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Ra Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Air Conditioning & Refrigeration LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000046974

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:

Van Cuylenburg, Wilhelmus A

Name of Person

Florida Air Care LLC

Name of Firm/Company

6896 18th Street N

Address

St Petersburg, FL 33702

City/State and Zip Code

aubv50@aol.com

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

For further information concerning this matter, please call:

Wilhelmus Van Cuylenburg

at

727

686-7294

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
14 NOV -3 PM 2011
TALLAHASSEE
SECRETARY OF
STATE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Wilhelmus Van Cuylenburg

, hereby resigns as

Name of Registered Agent

Registered Agent for Innovative Air Conditioning & Refrigeration LLC

Name of Limited Liability Company

L14000046974

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.

W Van Cuylenburg

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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14 NOV -3 PM 5:01
SECRETARY OF
TALLAHASSEE, FL