114000054953

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Fnone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Cassial Instructions to Eiling Officer				
Special Instructions to Filing Officer:				

Office Use Only



500319843595

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D SCOTT 18V 1 783

COVER LETTER

Tim Knepton, Insulation LLC SUBJECT:					
SUBJECT: Name of Lin	nited Liability	Company		_	
DOCUMENT NUMBER: L14000054953				_	
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company an	id fee a	re subm	itted
Please return all correspondence concerning th	is matter to th	e following:			
United States Corporation Agents, Inc.					
Name of Person					
Legalzoom.com, Inc.					
Name of Firm/Company					
9900 Spectrum Dr.			,-	扈	
Address	<u> </u>				-11
Austin, TX 78717				圖 '01 23	
City/State and Zip Code				7. T	111
				TH: 05	٠
E-mail address: (to be used for future annual repor	1 notification)		~ .	0.5	
For further information concerning this matter.	, please call:		7*		
	1 800 at (773-0888 x3950		_	
Name of Person	Area Code)	umber	_	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Registration Section Division of Corporations

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 provis	sions of section 605.0115, Florida Statutes.	the undersigned.	
United States Co	rporation Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	<u> </u>	
Registered Agent for	Tim Knepton, Insulation LLC		
	Name o' Limited Liability Company	y	
L14000054953			
Document	Number, if known		
A copy of this resign	ation was mailed to the above listed limited	Hiability company at its last known	address.
The agency is termin	ated and the office discontinued on the 31st		
	Signalure of Resigni	ng Agent	7
If signing on behalf o	of an entity:		23 1
	Cheyenne Moseley		T U
	Typed or Printed Name		il: 05
	Asst. Secretary for United States Corpo	oration Agents, Inc.	5.0
	Capacity		

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314