

10/29/24, 2:13 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000360641 3)))



H240003606413ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BEGGS & LANE  
Account Number : 120020000155  
Phone : (850)432-2451  
Fax Number : (850)469-3331

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Cj98519@gmail.com

RECEIVED

2024 OCT 29 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FL

**LLC REGISTERED AGENT RESIGNATION  
COLLYER MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

OCT 30 2024

## COVER LETTER

TO: Registration Section  
----- Division of Corporations

Client: Chris Johnson Masonry, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

DOCUMENT NUMBER: L14000067465

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 Johnson

\_\_\_\_\_  
Name of Person

Chris Johnson Masonry, LLC

\_\_\_\_\_  
Name of Firm/Company

1426 Promenade Loop

\_\_\_\_\_  
Address

Cantonment, FL 32533

\_\_\_\_\_  
City/State and Zip Code

cj98519@gmail.com

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

For further information concerning this matter, please call:

Chris Johnson

\_\_\_\_\_  
Name of Person

at (850) \_\_\_\_\_  
Area Code

698-7875  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

William H. Mitchem, Esq.

hereby resigns as

Name of Registered Agent

Registered Agent for Chris Johnson Masonry, LLC

Name of Limited Liability Company


L14000067465

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.

TO:

  
Signature of Resigning Agent

If signing on behalf of an entity:

William H. Mitchem / Beggs Lane  
Typed or Printed Name  
Partner  
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

TO:

INHS17 (2/14)

FILED  
2024 OCT 29 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA