

L14,000068574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

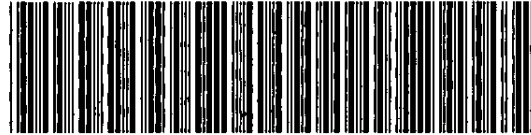
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 APR 21 PM 2:14
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

APR 22 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CEDECK, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000068574

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:

Cecil J. Miller

Name of Person

CEDECK, LLC

Name of Firm/Company

3136 Norfolk Street

Address

Mims, FL 32754

City/State and Zip Code

ceb@cfl.rr.com

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

For further information concerning this matter, please call:

Christopher E. Broome

at (321) 269-5620

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Cecil J. Miller

, hereby resigns as

Name of Registered Agent

Registered Agent for CEDECK, LLC

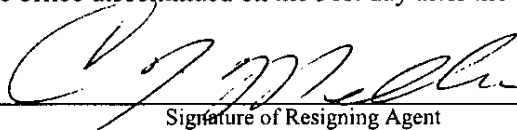
Name of Limited Liability Company

L14000068574

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:

CEDECK, LLC

Typed or Printed Name

Resident Agent

Capacity

FILED
16 APR 21 PM 2:14
TALLAHASSEE, FLORIDA

FILING FEES:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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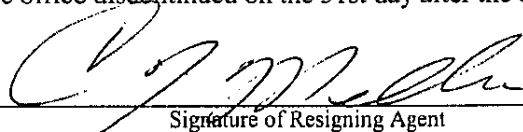
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