

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Cil	ly/State/Zip/Priorie	· //)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



500261632415

06/25/14--01018--024 **85.00

14 Juli 25 FT II: 46

LC 2014 205 R/A JUL 11 2014

R. WHITE

COVER LETTER

TO:	Registration Section Division of Corporations			
	A Company of the Comp			
emb	JECT: All-Phase Environmental Solu	tions, LLC		
	Name of L	imited Liability	Company	
DOC	UMENT NUMBER: L14000086757			
	enclosed Resignation of Registered Agen	t for a Limited	Liability Company and fee are submitted	
Pleas	e return all correspondence concerning the	his matter to th	ne following:	
Jasc	on Toler			
	Name of Person	71		
All-F	Phase Environmental Solutions, LLC			
	Name of Firm/Company			
2517	7 Chester Ave.			
•	Address			
New	Smyrna Beach, FL 32168 City/State and Zip Code		* :	
	City/State and Zip Code		-	
aper	nvironmentalsolutions@gmail.com			
. 1	E-mail address: (to be used for future annual repo	ort notification)	•	
For f	urther information concerning this matter	r, please call:		
Jaso	on Toler	386	847-0295	
	Name of Person	Area Code	Daytime Telephone Number	
liabil	osed is a check made payable to the Flori ity company or \$25.00 for an administrati ity company.	da Departmen tively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAI	LING ADDRESS:	STREI	ET ADDRESS:	
_	stration Section	_	Registration Section	
	sion of Corporations Box 6327	Division of Corporations Clifton Building		
	hassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes, the und	ersigned,
Stephen S. Spradley		, hereby resigns as
	ame of Registered Agent	
Registered Agent for All-I	Phase Environmental Solutions, LLC	
	Name of Limited Liability Company	·,
L14000086757		
Document Numb	per, 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 a	Stephen S Aguadley Signature of Resigning Agent	
If signing on behalf of an o	entity:	
_	Typed or Printed Name	
_	Capacity	
	FILING FEES: \$ 85.00 Active limited liability of Administratively dissolv withdrawn limited liability of Administratively dissolv withdrawn limited liability.	company /ed/ voluntarily dissolved/

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