

L14000117507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

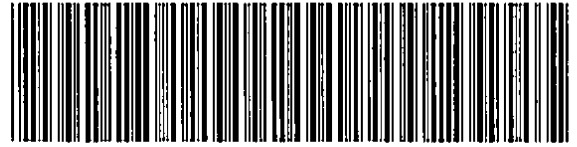
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MAY 28 2019
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19 MAY 13 AM 8:29
MAY 13 2019
FBI - MEMPHIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seek Squad, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000117507

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:

Amanda A. Felten

Name of Person

Weber, Crabb & Wein, P.A.

Name of Firm/Company

5453 Central Avenue

Address

St. Petersburg, FL 33710

City/State and Zip Code

amanda.felten@webercrabb.com

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

For further information concerning this matter, please call:

Amanda Felten

Name of Person

at (727) 828-9919

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

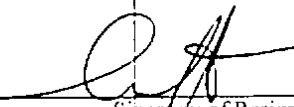
Amanda A. Felten, hereby resigns as

Name of Registered Agent
Registered Agent for Seek Squad, LLC

Name of Limited Liability Company
L14000117507
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:

Amanda Felten, Weber, Crabb & Wein, P.A.
Typed or Printed Name
Attorney
Capacity

19 NOV 13 AM 8:25

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