

L14000125987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400276839254

09/08/15--01038--022 **85.00

FILED

2015 SEP - 8 P 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 09 2015

3 MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flip Flop Investment Enterprises, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000125987

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:

JORDAN TYLER

Name of Person

LEGLA INC CORPORATE SERVICES INC.

Name of Firm/Company

1623 CENTRAL AVE, SUITE 145

Address

CHEYENNE, WY 82001

City/State and Zip Code

JORDAN@LEGALINC.COM

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

For further information concerning this matter, please call:

JORDAN TYLER

Name of Person

at (970) 581-6156

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

LEGALINC CORPORATE SERVICES INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for **Flip Flop Investment Enterprises, LLC**

Name of Limited Liability Company

L14000125987

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:

Marshall Dasher

Typed or Printed Name

President

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

2015 SEP - 8 P 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED