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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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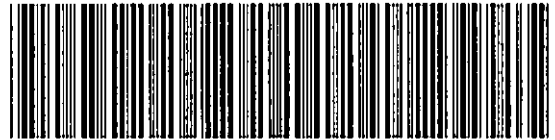
(Business Entity Name)

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JAN 06 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILL FARRELL REALTOR LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L14000170976

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:

JOSEPH J. REJAVAC  
Name of Person

ACCOUNTING CONNECTIONS LLC  
Name of Firm/Company

7502 ALHAMBRA DR  
Address

BRADENTON, FL 34209  
City/State and Zip Code

joez@

accountingconnections.net

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

For further information concerning this matter, please call:

JOSEPH J. REJAVAC  
Name of Person

at ( 941 ) 748-8299

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

JOSEPH J ZETAVAC

Name of Registered Agent

, hereby resigns as

Registered Agent for WILL FARRELL REALTOR LLC

Name of Limited Liability Company

L14000170976

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.

Joseph J Zetavac

Signature of Resigning Agent

If signing on behalf of an entity:

JOSEPH J ZETAVAC

Typed or Printed Name

REGISTERED AGENT

Capacity

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## 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