

L14000173361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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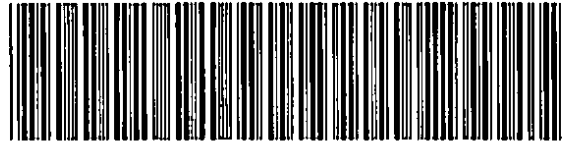
(Business Entity Name)

(Document Number)

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L14-173361

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DIVISION OF REVENUE
2018 JUN 18 AM 8:28

N. CAUSSEAU

JUN 19 2018

COVER LETTER

L14-173361

TO: Registration Section
Division of Corporations

June 9, 18

SUBJECT: FLI AWAY
Name of Limited Liability Company

DOCUMENT NUMBER: L14000 173361

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:

JACK DUKE
Name of Person

FLI AWAY
Name of Firm Company

965 MCMAHON AVE. NW.
Address

PORT CHARLOTTE, FL. 33948
City/State and Zip Code

FLI AWAY STRIP @ GMAIL .COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK DUKE at (941) 421-0175
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JACK DUKE, hereby resigns as
Name of Registered Agent

Registered Agent for FLI AWAY.
Name of Limited Liability Company

L 14000173361
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]
Signature of Resigning Agent

If signing on behalf of an entity:

FLI AWAY
Typed or Printed Name
OWNER
Capacity

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JUN 18 AM 8:29

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