

L14000173920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

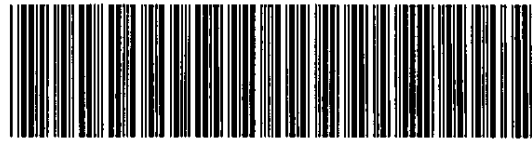
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DIVISION OF CORPORATIONS

O SIMMONS

OCT 05 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1926 LADYFISH, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L14000173920

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:

Marsha Friedman

Name of Person

Name of Firm/Company

3748 TURMAN LOOP, STE 101

Address

WESLEY CHAPEL, FL 33544

City/State and Zip Code

marti@emsipublicrelations.com

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

For further information concerning this matter, please call:

Marti Carlson

727

443-7115

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Kenneth Noble

, hereby resigns as

Name of Registered Agent

1926 LADYFISH, LLC

Registered Agent for

Name of Limited Liability Company

L14000173920


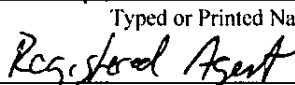
Document Number, if known

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:


Typed or Printed Name

Capacity

FILED
16 OCT -3 PM 3:21
DIVISION OF CORPORATIONS

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