

L14000190018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

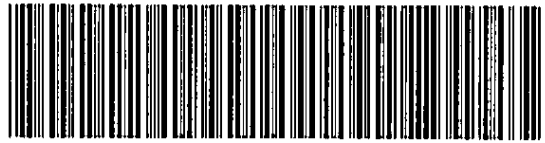
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400361092924

03/04/21--01020--023 \*\*135.00

2021 MAR -4 PM 5:50

O SIMMONS  
APR 27 2021



# **STRAUGHN & TURNER, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

RICHARD E. STRAUGHN

MARK G. TURNER

\*DOUGLAS A. LOCKWOOD, III

MARK W. MANGEN

\*BOARD CERTIFIED IN CIVIL TRIAL LAW

JACK STRAUGHN  
(1925-2000)

February 24, 2021

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: SHAWN KOWN RICKETTS/Misc.  
STIKZ CENTRAL, LLC/ changes to company  
Document No.: 114000190018  
Our File No.: 14982/0001

Dear Sir:

Please find enclosed herewith the following documents, for incident to the above limited liability company:

1. Statement of Resignation of Registered Agent For a Limited Liability Company;
2. Statement of Change of Registered Office or Registered Agent or Both For Limited Liability company; and
3. Dissociation or Resignation of Member, Manager From Florida Or Foreign Limited Liability company.

Further enclosed is our firm's check made payable to the Florida Department of State, in the total amount of \$135.00 which represents the filing fee for the foregoing filings. Please forward your acknowledgment of this filing to my attention at the address on this letterhead.

Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN & TURNER, P.A.

**MARK G. TURNER**

MARK G. TURNER

MGT/djb

enclosures

cc: Shawn Ricketts

ricketts-shawn misc/letterflados 01-stikz/centralllc-changes

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Timothy Ricketts

, hereby resigns as:

Name of Registered Agent

Registered Agent for STIKZ Central, LLC

Name of Limited Liability Company

L14000190018

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

### **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