L15000	06(91)
(Requestor's Name)	
(Address)	100277536551
(Address)	100211000001
(City/State/Zip/Phone #)	10/12/1501017029 **85.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	15 TALL
	15 OCT 13 ECRETARY LLAHASSE
	TIS AN BEST
Office Use Only	
	0PT 1 4 2015
	OCT 1 4 2015 J Shivers

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ______

Name of Limited Liability Company

DOCUMENT NUMBER: L15000061975

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:

Angela H Gantt

. ¥

Name of Person

A H Gantt CPA & Associates PA

Name of Firm/Company

306 Ocoee-Apopka Rd., Ste 2

Address

Ocoee, FL 34761

City/State and Zip Code

angela@ahganttcpa.com

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

For further information concerning this matter, please call:

Angela H. Gantt	,407	880-7122
	_ at ()
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

A H Gantt CPA & Associates PA

, hereby resigns as

Name of Registered Agent

Registered Agent for _____

Name of Limited Liability Company

L15000061975

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.

gning Agent

If signing on behalf of an entity:

A H Gantt CPA & Associates PA

Typed or Printed Name

President

Capacity



FILING FEES:

\$ 85.00 \$25.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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