

L15000068686

(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



800271520758

10/16/15--01021--011 \*\*115.00

FILED

2015 OCT 16 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 20 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUKIN  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 15000068686

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:

LEE J KINNER  
Name of Person

TRUKIN, LLC  
Name of Firm/Company

P.O. Box 9859  
Address

PANAMA CITY BEACH, FL. 32417  
City/State and Zip Code

3XSLADY@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEE J KINNER at (850) 258-1562  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JOHN TRUBIA, JR., hereby resigns as  
Name of Registered Agent

Registered Agent for TRUKIN, LLC.

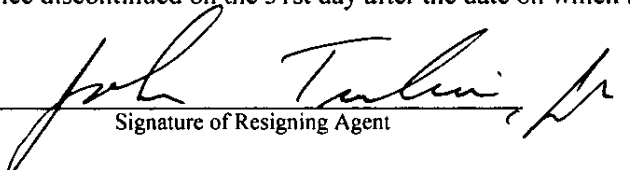
Name of Limited Liability Company

L 15 0000 68686

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

FILED  
2015 OCT 16 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA