

L/15000078826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

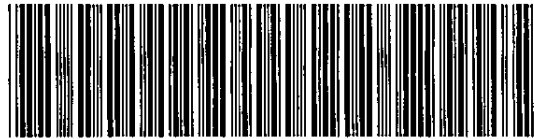
(Business Entity Name)

(Document Number)

## Certificates of Status

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
OCT 27 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cal Piper Plant Source, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000078826

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:

Karin G Nelson

Name of Person

Professional Tax Consultants, Inc.

Name of Firm/Company

314 Avenue K, SE

Address

Winter Haven, FL 33880

City/State and Zip Code

karin@ptcfl.com

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

For further information concerning this matter, please call:

Karin G Nelson

at ( 863 ) 294-5462

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Professional Tax Consultants, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Cal Piper Plant Source, LLC

Name of Limited Liability Company

L15000078826

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:

Karin G Nelson

Typed or Printed Name

President

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**  
**2016 OCT 26 PM 3:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**