

L15000113059

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 MAY -9 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 11 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L N HAULER SERVICES LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000113059

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:

PAMELA S THOMAS

Name of Person

Name of Firm/Company

6105 CORK COURT

Address

NEW PORT RICHEY, FL 34653

City/State and Zip Code

PAMELATHOMAS2002@YAHOO.COM

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

For further information concerning this matter, please call:

PAMELA S THOMAS

Name of Person

at

727

Area Code

514-1717

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2017

PAMELA S THOMAS  
6105 CORK COURT  
NEW PORT RICHEY, FL 34653

SUBJECT: L N HAULER SERVICES LLC  
Ref. Number: L15000113059

RECEIVED  
2017 MAY -9 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for L N HAULER SERVICES LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 017A00008361

FILED  
2017 MAY -9 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

JOHN ZACCO

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for \_\_\_\_\_

L N HAULER SERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

L15000113059

\_\_\_\_\_  
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**  
2017 MAY - 9 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA