

L15 000152516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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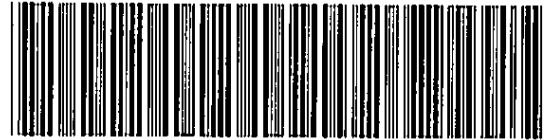
(Business Entity Name)

(Document Number)

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2021 MAY 17 PM 6:15
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

D BRUCE
JUN 17 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ozone Unlimited, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.15000152516

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:

Brian Mills

Name of Person

Swann Hadley Stump Dietrich & Spears, P.A.

Name of Firm/Company

200 E. New England Avenue, Suite 300

Address

Winter Park, FL 32789

City/State and Zip Code

bmills@swannhadley.com

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

For further information concerning this matter, please call:

Brian Mills

Name of Person

407

647-2777

at (

_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Brian Mills

Name of Registered Agent

, hereby resigns as

Registered Agent for _____

Ozone Unlimited, LLC

Name of Limited Liability Company

L15000152516

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

\$ 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

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TALLAHASSEE, FL