

L15000171210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

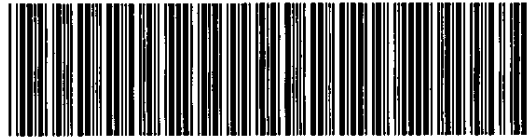
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 10 2015  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Farmdale, LLC

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

**DOCUMENT NUMBER:** L15000171210

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:

Zach Ferrell

\_\_\_\_\_  
Name of Person

Farmdale, LLC

\_\_\_\_\_  
Name of Firm/Company

212 Water Drive

\_\_\_\_\_  
Address

Mexico Beach, FL 32456

\_\_\_\_\_  
City/State and Zip Code

zachferrell98@gmail.com

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

For further information concerning this matter, please call:

Zach Ferrell

\_\_\_\_\_  
Name of Person

at ( 850 )

Area Code

527-2330

Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Rob Blue, Jr.

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

Registered Agent for Farmdale, LLC

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

L15000171210

\_\_\_\_\_  
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.

Rob Blue, Jr.  
Signature of Resigning Agent

If signing on behalf of an entity:

Rob Blue, Jr.

\_\_\_\_\_  
Typed or Printed Name

Registered Agent

\_\_\_\_\_  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### **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