

L160000022690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

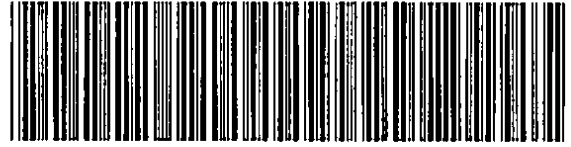
(Business Entity Name)

(Document Number)

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2021 NOV 16 AM 6:41
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
DEC 07 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMOKE DETECTOR MEDIC, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000022690

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:

T. RANKIN TERRY, JR.

Name of Person

ATTORNEY-AT-LAW

Name of Firm/Company

1245 HANTON AVE.

Address

FORT MYERS, FL, 33901

City/State and Zip Code

TRTERRY@GMAIL.COM

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

For further information concerning this matter, please call:

T. RANKIN TERRY, JR.

at (

239

850-3410

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY

FILED

2021 NOV 16 AM 6:41
SECRETARY OF STATE
TALLAHASSEE, FL

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

DAVID RUSSELL

Name of Registered Agent

_____, hereby resigns as

Registered Agent for SMOKE DETECTOR MEDIC, LLC

Name of Limited Liability Company

L16000022690

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.

(012)/5/1 [Signature]

Signature of Resigning Agent

If signing on behalf of an entity:

~~Not~~

N/A

Typed or Printed Name

~~Not~~

N/A

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

INHS17 (2/14)