

h16000037878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

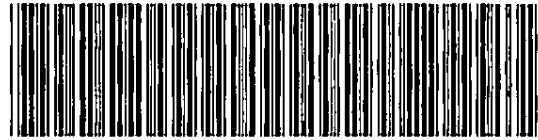
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800388598908

06/07/22--01019--030 **85.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN -7 PM 2:54

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Next Level Renovations and Construction LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000037878

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:

Scott Hughes
Name of Person

Next Level Renovations and Construction LLC
Name of Firm/Company

6824 Torch Key Street
Address

Lake Worth, FL 33467
City/State and Zip Code

sph1225@mc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Hughes at (561) 788-1180
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 Clark _____, hereby resigns as
Name of Registered Agent

Registered Agent for Next Level Renovations and Construction LLC

Name of Limited Liability Company

L16000037878

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.

Brian Clark

Signature of Resigning Agent

If signing on behalf of an entity:

Brian Clark

Typed or Printed Name

MGR

Capacity

FILED
2022 JUN -7 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FL

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