

L16 0000 91038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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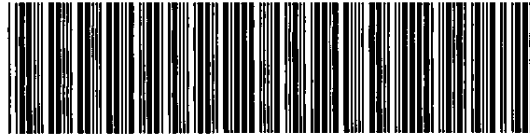
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 11 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGHSMITH FAMILY TRUST, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: C16000091038

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:

MATTHEW G. MERCER
Name of Person

THE MERCER LAW OFFICE, A PROFESSIONAL ASSN.
Name of Firm/Company

2804 N. 5TH STREET, SUITE 102
Address

ST. AUGUSTINE, FL 32084
City/State and Zip Code

LE89@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

824-4949

MATTHEW G. MERCER at (904) [REDACTED]
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

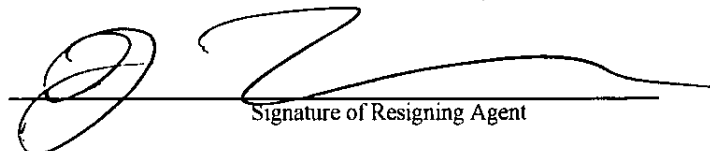
THE MERCER LAW OFFICE,
A PROFESSIONAL ASSOC., hereby resigns as
Name of Registered Agent

Registered Agent for HIGHSMITH FAMILY TRUST, LLC
Name of Limited Liability Company

L16000091038
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:

MATTHEW G. MERCER
Typed or Printed Name
CEO
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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