

U16000096763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

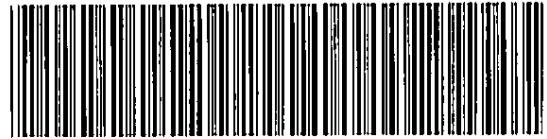
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 FEB 24 AM 8:35
CLERK OF COURT
JANUARY 10 2023

A. RIVERS

MAY 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metanoia Consulting, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000096763

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:

Dwayne R. Harmon

Name of Person

Metanoia Consulting LLC

Name of Firm/Company

12686 Kernan Forest Blvd.

Address

Jacksonville, FL 32225

City/State and Zip Code

yne.harmon1517@gmail.com

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

For further information concerning this matter, please call:

Dwayne R. Harmon

904

226-6651

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Ford Miller & Wainer, PA

, hereby resigns as

Name of Registered Agent

Registered Agent for Metanoia Consulting LLC

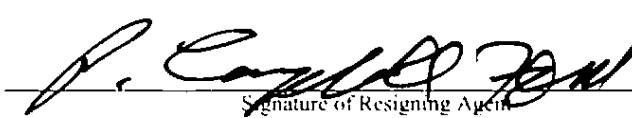
Name of Limited Liability Company

L16000096763

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:

P. Campbell Ford

Typed or Printed Name

President

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA