

L16000099300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

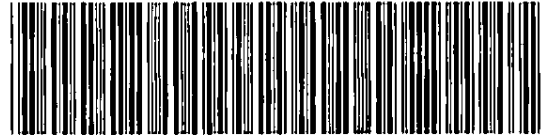
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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OFFICE OF THE  
CLERK OF THE  
SUPREME COURT

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from ACCT. 120210000160 Amount: 25.00

Authorized Signature: \_\_\_\_\_

2937 Winkler Avenue, LLC L16000099300  
**Business Name**

**Document #, (if known):**

\_\_\_\_ Walk in \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_ Mail out \_\_\_\_\_ Will wait

\_\_\_\_ Photocopy

\_\_\_\_ **Certified Copy of ARTICLES OF INCORP.**

\_\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_\_ **Profit**  
\_\_\_\_ **Not for Profit**  
\_\_\_\_ **Limited Liability**  
\_\_\_\_ **Domestication**  
\_\_\_\_ **Other**  
\_\_\_\_ **CORP**

**AMMENDMENTS**

\_\_\_\_ **Amendment**  
\_\_\_\_ **X** **Resignation of R.A. Officer/Director**  
\_\_\_\_ **Change of Registered Agent**  
\_\_\_\_ **Dissolution/Withdrawal**  
\_\_\_\_ **Merger**  
\_\_\_\_ **Conversion**

**OTHER FILINGS**

\_\_\_\_ **Annual Report**  
\_\_\_\_ **Fictitious Name**

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ **Foreign filing**  
\_\_\_\_ **Limited Partnership**  
\_\_\_\_ **Reinstatement**

\_\_\_\_ **APOSTIL** \_\_\_\_ **Other**  
**Country**

**EXAMINER'S INITIALS:** \_\_\_\_\_

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**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2937 WINKLER AVENUE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000099300

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:

Michael Calzadias

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

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

1502 CR 3010  
Address

LUBBOCK TX 79403  
City/State and Zip Code

michaelcalzadias@gmail.com

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

For further information concerning this matter, please call:

Michael Calzadias at ( 806 ) 281-8988  
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,

DLF Registered Agent Service, LLC

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for 2937 WINKLER AVENUE, LLC

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

L16000094300

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:

Michael A Scott

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

MGR

\_\_\_\_\_  
Capacity

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2021 SEP 27 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

### **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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