

L16000104839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

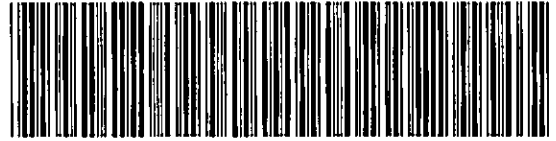
(Business Entity Name)

(Document Number)

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MAY 10 2019
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F&M CONSULTANTS OFFICE GROUP LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000104839

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:

LUZ L MORENO

Name of Person

MORE ACCOUNTINGPLUS TAX SERVICES INC

Name of Firm/Company

2700 GLADES CIRCLE STE 106

Address

WESTON FL 33327

City/State and Zip Code

luzmoreno@moreaccountingplus.com

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

For further information concerning this matter, please call:

LUZ L MORENO

Name of Person

at (954) 659-1155

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

MORENO LUZ L

Name of Registered Agent

, hereby resigns as

Registered Agent for F&M CONSULTANTS OFFICE GROUP LLC

Name of Limited Liability Company

L16000104839

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:

Typed or Printed Name

Capacity

2019 MAY -1 PM 6:12

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