

L16000177179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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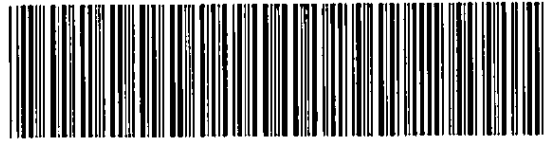
(Business Entity Name)

(Document Number)

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Ra Resignation

JUN 02 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADMONK LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000177179

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:

HISHAM TAWFIK
Name of Person

ADMONK LLC
Name of Firm/Company

186 EL-NOZHA
Address

QISM EL-NOZHA, CAIRO, EGYPT
City/State and Zip Code

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

For further information concerning this matter, please call:

HISHAM TAWFIK at (+91 98436 46446)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2023 MAR 23 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

FREEDOMTAX ACCOUNTING & MULTISERVICES INC

, hereby resigns as

Name of Registered Agent

Registered Agent for ADMONK, LLC

Name of Limited Liability Company

L16000177179

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:

JULIAN VASQUEZ

Typed or Printed Name

PRESIDENT / CEO

Capacity

FILED
2023 MAR 23 AM 11:20
SECRET/EXECUTIVE
MAIL ROOM

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