L16000209992

(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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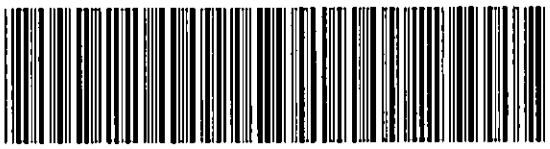

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2021 SEP 24 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2021 SEP 24 PM 3:58

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

Please use funds from ACCT. I20210000160 Amount: 25.

Authorized Signature: _____

5517 E. FM 40, LLC L16000209992
Business Name **Document #, (if known):**

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___ 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

REGISTERATION/QUALIFICATIONS

___ Foreign filing
____Limited Partnership
___ Reinstatement

_()_ APOSTIL ()_____Other
Country

EXAMINER'S INITIALS:_____

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.-

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___ Reinstatement

_()_ APOSTIL ()_____Other
Country

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5517 E FM 40, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000209992

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

INHS17 (2/14)

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 5517 E FM 40, LLC

Name of Limited Liability Company

L16000209992

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

FILED
2021 SEP 24 AM 8:51
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

INHS17 (2/14)