L16000223424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FNS of the Gulf Coast LLC
Name of Limited Liability Company

DOCUMENT NUMBER: _____

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:

Sharon NAVARRO
Name of Person

FNS of the Gulf Coast LLC
Name of Firm/Company

15670 Lemon Fish Drive
Address

Lakewood Ranch FL 34202
City/State and Zip Code

Sharon NAVARRO @ outlook.com
E-mail address to be used for future annual report notification

For further information concerning this matter, please call:

Sharon NAVARRO at (215) 776 1826
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ISHS17 (2/14)

FOR A LIMITED LIABILITY COMPANY

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

Brian Palmer CPA PA, hereby resigns as
Name of Registered Agent

Registered Agent for FNS of the Gulf Coast, LLC
Name of Limited Liability Company

L16000223424
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.

, CPA
Signature of Resigning Agent

If signing on behalf of an entity:

Brian Palmer, CPA
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$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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INHS17 (2-14)