

117 0000000 862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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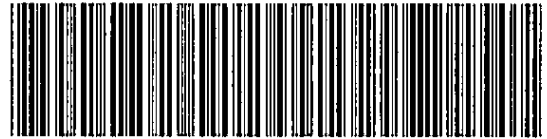
(Business Entity Name)

(Document Number)

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2019 SEP 30 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER  
OCT 15 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNIQUE FABRICATIONS OF FLORIDA, LLC.

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

**DOCUMENT NUMBER:** L17000000862

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:

**FRANK MARTINEZ**

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

**FRANK MARTINEZ PA**

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

**17901 SW 288 ST**

\_\_\_\_\_  
Address

**HOMESTEAD, FL 33030**

\_\_\_\_\_  
City/State and Zip Code

**OFFICE@MARTINEZPA.COM**

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

For further information concerning this matter, please call:

**FRANK MARTINEZ**

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

at ( **407** ) **9084075**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**FRANK MARTINEZ, P.A.**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **UNIQUE FABRICATIONS OF FLORIDA, LLC.**

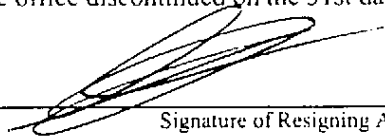
\_\_\_\_\_  
Name of Limited Liability Company

**L17000000862**

\_\_\_\_\_  
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:

**FRANK MARTINEZ**

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

**Director,**

\_\_\_\_\_  
Capacity

**FILED**  
2019 SEP 30 AM 10:09  
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**