

L17000005993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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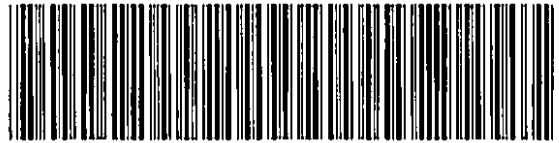
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
AUG 27 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUSAN RITTER INSURANCE LLC

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

DOCUMENT NUMBER: L17000005993

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:

SUSAN RITTER

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

SUSAN RITTER INSURANCE LLC

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

4195 TAMIAMI TRAIL SOUTH UNIT 159

\_\_\_\_\_  
Address

VENICE, FLORIDA 34293

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

SUSAN.RITTER1@GMAIL.COM

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

For further information concerning this matter, please call:

SUSAN RITTER

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

at ( 941 ) 587-6343

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

MONICA ADAM

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

, hereby resigns as

Registered Agent for SUSAN RITTER INSURANCE LLC

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

L17000005993

\_\_\_\_\_  
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

## **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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TALLAHASSEE, FLORIDA