

L1700000 6537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

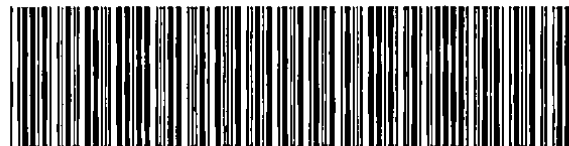
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100335299901

100335299901 100335299901

2019 OCT 15 AM 10:36
SECRET
FBI

FBI

NOV 04 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE FREEMAN COMPANY OF FLORIDA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000006537

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 HARDING

Name of Person

HARDING BELL INTERNATIONAL, INC.

Name of Firm/Company

113 PONTOTOC PLAZA

Address

AUBURNDALE, FL 33823

City/State and Zip Code

SUSAN.HARDING@HBITAX.COM

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

For further information concerning this matter, please call:

SUSAN HARDING

Name of Person

at (863) 968 1010

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

HARDING BELL INTERNATIONAL, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for **THE FREEMAN COMPANY OF FLORIDA, LLC**

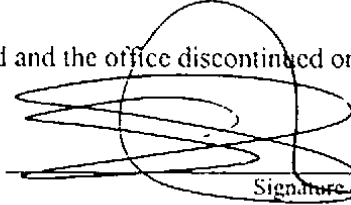
Name of Limited Liability Company

L17000006537

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:

SUSAN HARDING

Typed or Printed Name

OFFICER

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