

U7 0000 13214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

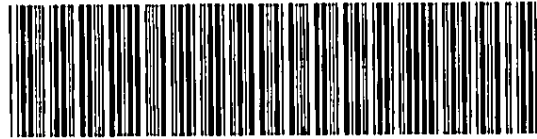
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11/30/18--01026--022 **25.00

12/18/18--01025--001 **60.00

DEC 18 2018
S. YOUNG

FILED
18 DEC 17 PM 2:55
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2018

FORREST JOHNSON
JOHNSON HONEY DO'S
1235 PINE ISLAND ROAD
MERRITT ISLAND, FL 32953

SUBJECT: JOHNSON HONEY DO'S, LLC
Ref. Number: L17000013214

The fee to resign as registered agent of an active limited liability company is \$85.00.

We have received your document for JOHNSON HONEY DO'S, LLC and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$60.00. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 518A00025010

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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

18 DEC 17 PM 2:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHNSON HONEY DO'S
Name of Limited Liability Company

DOCUMENT NUMBER: 8122734

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:

FORREST JOHNSON

Name of Person

JOHNSON HONEY DO'S

Name of Firm/Company

1235 PINE ISLAND RD

Address

MERRITT ISLAND, FL 32953

City/State and Zip Code

PEAJOHNSON@GMAIL.COM

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

For further information concerning this matter, please call:

FORREST JOHNSON 352 207-7629

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
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TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

INCORPORATE.COM

hereby resigns as

Name of Registered Agent

Registered Agent for JOHNSON HONEY DO'S

Johnson Honey DO's L.L.C.

Name of Limited Liability Company

8122734

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.

Forrest Johnson

Signature of Resigning Agent

If signing on behalf of an entity:

Forrest Johnson

Typed or Printed Name

Owner

Capacity

FILED
DEC 17 PM 2:55
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