

L170000 28910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

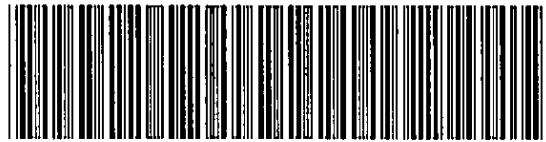
(Document Number)

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2020 JUN -8 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

am  
6/19/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2020

MITCH LAW  
571 COMMON WEALTH BLVD  
PORT ORANGE, FL 32127

SUBJECT: MITCH & SON LLC  
Ref. Number: L17000028910

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make the changes requested. Enclosed is the correct form for making these changes.

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.

Querida R Moore  
Regulatory Specialist II

Letter Number: 420A00009699

**RECEIVED**  
JUN 8 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mitch & Son 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:

Mitch Law  
Name of Person

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

571 Commonwealth Blvd  
Address

Port Orange FL 32127  
City/State and Zip Code

mitchlau48@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitch Law at ( 386 ) 868 7668  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



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2020 JUN -8 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Mitch & Son LLC

2. The Florida document/registration number assigned to this limited liability company is:

L17000028910

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 6 2020

4. I, Terry Low, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member / AMBR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Terry Low  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)