

L17000051719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

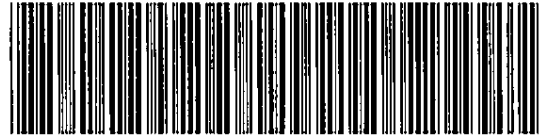
(Business Entity Name)

(Document Number)

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18 MAY 18 AM 11:10
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O SIMMONS

MAY 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mr. Build Florida, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000051719

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:

Jon Kendrick

Name of Person

The Kendrick Law Firm

Name of Firm/Company

1776 N Pine Island Rd Suite 118

Address

Plantation, FL 33322

City/State and Zip Code

jmk@kendrick-lawfirm.com

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

For further information concerning this matter, please call:

Jon Kendrick

Name of Person

at (954) 776-8115
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Vincent Decarolis

hereby resigns as

Name of Registered Agent

Registered Agent for Mr. Build Florida, LLC

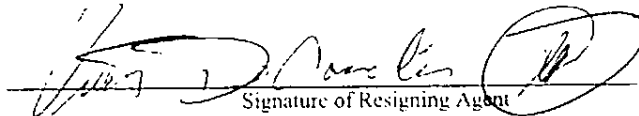
Name of Limited Liability Company

L17000051719

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:

Vincent Decarolis

Typed or Printed Name

Resigning Registered Agent

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

FILED
18 MAY 18 AM 11:10
TALLAHASSEE, FLORIDA
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