

L17000059211

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1805 GREENLEAF LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000059211

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:

K. WADE BOYETTE, ESQ.

Name of Person

BOYETTE, CUMMINS & NAILOS, PLLC

Name of Firm/Company

1635 E. HIGHWAY 50, SUITE 300

Address

CLERMONT, FL 34711

City/State and Zip Code

ptfudge91@gmail.com

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

For further information concerning this matter, please call:

K. WADE BOYETTE, JR.

at ( 352 ) 394-2103

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

JAMES E. FUDGE

, hereby resigns as

Name of Registered Agent

Registered Agent for 1805 GREENLEAF LLC

Name of Limited Liability Company

L17000059211

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withdrawn limited liability company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

22 OCT 12 AM 7:51

Division of Corporations  
Tallahassee, FL 32314