

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**1700064398**

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(((H19000261890 3)))



H190002618903ABC3

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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : INCORPORATING SERVICES FL  
 Account Number : I20050000052  
 Phone : (850)656-7956  
 Fax Number : (850)656-7953

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2019 AUG 30 PM 4:12  
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RECEIVED  
 19 AUG 30 AM 8:55  
 SECRETARY OF STATE  
 TALLAHASSEE

**LLC REGISTERED AGENT RESIGNATION  
 6056, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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T GLASS  
 SEP 03 2019

COVER LETTER H190002618903

TO: Registration Section  
Division of Corporations

SUBJECT: 6056, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L17000064398

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:

Amanda Archambault  
Name of Person

INCORPORATING SERVICES, LTD.  
Name of Firm/Company

3500 SOUTH DUPONT HIGHWAY  
Address

DOVER, DE 19901  
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at ( 800 ) 346-4646  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2019 AUG 30 PM 11:42

FILED

H19000261890

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
**INCORPORATING SERVICES, LTD.**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **6056, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L17000064398**

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.

*Amanda Archambault*  
Signature of Resigning Agent

If signing on behalf of an entity:

**AMANDA ARCHAMBAULT**

Typed or Printed Name

**ASSISTANT SECRETARY**

Capacity

2019 AUG 30 PM 4:12  
FILED  
MONTICELLO

**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