

L170000 69080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

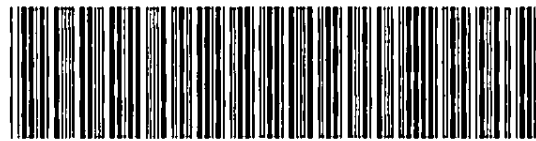
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/01/18--01012--011 ++25.00

2018 NOV 1 A 7:32

2018 NOV 1 A 7:32

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11/6/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bergeron Irrigation
Name of Limited Liability Company

DOCUMENT NUMBER: L17000069080

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:

Derek Zamora
Name of Person

Bergeron Irrigation
Name of Firm/Company

2504 Ww 65 Ave
Address

Marsate FL 33063
City/State and Zip Code

kick24duy289@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Derek Zamora at (954) 621 6547
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

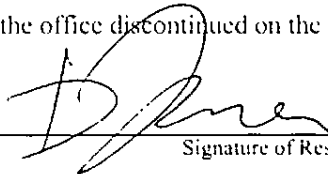
Derek Zamora _____, hereby resigns as
Name of Registered Agent

Registered Agent for Bergeron Irrigation _____
Name of Limited Liability Company

L17000069080 _____
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:

Derek Zamora _____
Typed or Printed Name

Capacity

2:30 NOV - 1 A 7:32
FILED

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