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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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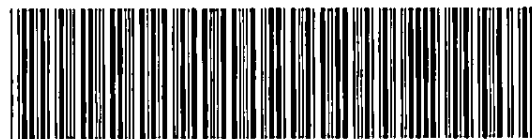
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BARNES ASSET MANAGEMENT LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L17000104439

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:

JAMES A. BARNES  
Name of Person

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

4274 HAVENCREST DR  
Address

PACE FL 32571  
City/State and Zip Code

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

For further information concerning this matter, please call:

TED REESE at ( 850 ) 428-4687  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

JAMES A. BARNES hereby resigns as  
Name of Registered Agent

Registered Agent for BARNES ASSET MANAGEMENT LLC  
Name of Limited Liability Company

LL7000104439  
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.

James A. Barnes  
Signature of Resigning Agent

If signing on behalf of an entity:

JAMES A. BARNES  
Typed or Printed Name  
MANAGER  
Capacity

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 APR 19 PM 12:29

FILED

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314