

L17000113857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

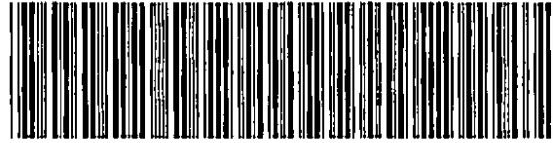
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DIVISION OF CORPORATIONS
18 JAN - 3 PM 3:16

K. SALY
JAN - 4 2018

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TO: Registration Section
Division of Corporations

SUBJECT: SHORELINE ROOFING & REPAIR LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000/13857

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:

DEBORAH R. COURTNEY
Name of Person

Name of Firm/Company

8301 S. INDIAN RIVER DR
Address

FT. Pierce, FL. 34982
City/State and Zip Code

TRAVIS@SHORELINEROOFING.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBORAH R. COURTNEY at (561) 801 6786
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN -3 PM 3:16

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

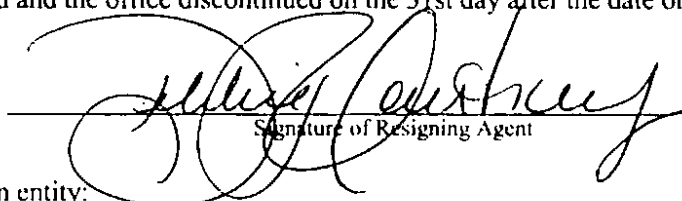
DEBORAH R. COURTNEY, hereby resigns as
Name of Registered Agent

Registered Agent for SHORELINE ROOFING & REPAIR LLC
SHORELINE ROOFING & REPAIR LLC
Name of Limited Liability Company

L17000113857
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:

DEBORAH R. COURTNEY
Typed or Printed Name
AMBR & 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