117000206137

(Red	questor's Name)				
(Add	dress)				
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(City	//State/Zip/Phone	e #)			
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APR 27 2019 J. HARRIS

COVER LETTER

SUBJECT: CREED SERVICES, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L17000206137	Company
DOCUMENT NUMBER: 217 000200 TO	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Lawrence Creed	
Name of Person	
Name of Firm/Company	
n/a	
Address	
n/a	
City/State and Zip Code	
creedroofing@yahoo.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Teresa A Perez 425	372-8001 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited

STREET ADDRESS:

Tallahassee, FL 32301

Clifton Building

Registration Section
Division of Corporations

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011:	5, Florida Statutes, the	undersigned,			
TERESA A. PEREZ		, hereby resigns a	ıs			
Name of Registered Agent			, nerecy reagns a			
Registered Agent for CF	REED SERVICES	S, LLC				_
	Name of Lim	nited Liability Company	-			
L17000206137						
Document Nun	nber, if known					
A copy of this resignation	n was mailed to the a	above listed limited liab	ility company at its las	st known a	addres:	s.
The agency is terminated	and the office disco	ontinued on the 31st day	after the date on which	h this stat	ement	is filed
If gigning on habalf of an	<i>J.</i>	Signature of Resigning Ag	gent		2910 AP	tale for
If signing on behalf of an	entity:			See Lear	R 26	America Company
•	T	yped or Printed Name				gravenii gravenii
•		Capacity			CE	Stranger!
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabili Administratively disa withdrawn limited li	ity company solved/ voluntarily dis iability company	ssolved/		

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