

L17000207448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

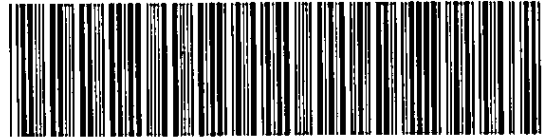
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resignation as registered agent

Name of Limited Liability Company

DOCUMENT NUMBER: L17000207448

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:

Stephanie C. Hill, CPA

Name of Person

Hill Coleman LLC

Name of Firm/Company

12805 US Hwy 98 E, Suite B202

Address

Inlet Beach, FL 32461

City/State and Zip Code

mmills7228@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie C. Hill, CPA

Name of Person

at (850) 659-2375 ext/ 102

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Hill Coleman LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Twinspir Companies, LLC

Name of Limited Liability Company

1.17000207448

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.

Stephanie C. Hill, CPA
Signature of Resigning Agent

If signing on behalf of an entity:

Stephanie C. Hill, CPA

Typed or Printed Name

Managing Member

Capacity

DEPT OF STATE
TALLAHASSEE, FLORIDA

2021 APR 26 PM 5:45

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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