

L17 000 231 423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

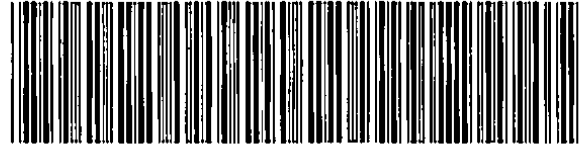
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2019 MAY -7 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

05/07/19--01007--019 \*\*280.00

PN  
Resign.

5/28/19  
DC

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARLOS COMPLETE CONSTRUCTION LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000231423

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:

Kent Rockwell

Name of Person

Universal Registered Agents, Inc.

Name of Firm/Company

PO Box 23788

Address

Overland Park, KS 66283

City/State and Zip Code

krockwell@uragents.com

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

For further information concerning this matter, please call:

Kent Rockwell

Name of Person

at ( 855 ) 236-9172

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Universal Registered Agents, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for CARLOS COMPLETE CONSTRUCTION LLC

Name of Limited Liability Company

L17000231423

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.



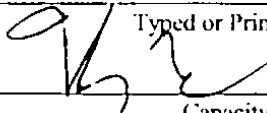
Signature of Resigning Agent

If signing on behalf of an entity:

Kent Rockwell

Typed or Printed Name

CEO



Capacity

## FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 MAY - 7 AM 9:24

FILED

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