

L17 000 234616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

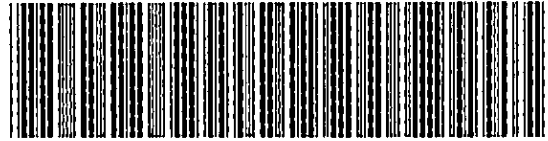
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300378804133

02/07/22--01007--005 **60.00

02/07/22--01007--005 **60.00

2022 FEB 10 11:19:20
FEB 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

Ruff & Fluff, LLC

SUBJECT: _____
Name of Limited Liability Company
L17000234616

DOCUMENT NUMBER: _____

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:

Amanda L. Howell

Name of Person

Ruff & Fluff, LLC

Name of Firm/Company

2610 Recker Highway

Address

Winter Haven, FL 33880

City/State and Zip Code

Ruffandfluffwh@gmail.com

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

For further information concerning this matter, please call:

Amanda L. Howell

863

603-8039

Name of Person at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Frederick J. Murphy, Jr

, hereby resigns as

Name of Registered Agent

Ruff & Fluff, LLC

Registered Agent for

Name of Limited Liability Company

L17000234616

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:

Typed or Printed Name

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