117000 250 507

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2019 JAN -8 PM 6: 25 TALLAHASSEELFL

C. GOLTEN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000250507	
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 th	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kasandra Lund 1 800	773-0888 x3951
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisions of section 605.011	15. Florida Statutes, the u	indersigned.			
United States Corporation Agents, In	nc.	, hereby resigns as			
Name of Registered Age	ent	Hereog resigning			
Registered Agent for First Coast Metals	, LLC	 	·		
Name of Lir	mited Liability Company			<u> </u>	
L17000250507					
Document Number, if known					
A copy of this resignation was mailed to the	above listed limited liabi	ility company at its last k	anown add	lress.	
The agency is terminated and the office disco	ontinued on the 31st day Septamble of Resigning Ag	after the date on which t	his staten	nent is t	filed.
If signing on behalf of an entity:			6 -	20	
	eley Typed or Printed Name United States Corporation	n Agente Inc		2019 JAN -8	7
,	Capacity	- <u>-</u>	WHASSEE FL	9 PM 6: 25	M
FILING \$ 85.00 \$ 25.00	Active limited liabilit	iolved/ voluntarily disso	', ≟	Ŋ	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314