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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: VICTOR DALE NICHOLS CONTRACTING LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000258416 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: Chelsea Chapman Name of Person Legalinc Corporate Services, Inc. Name of Firm/Company 10601 Clarence Drive, Suite 250 Address Frisco, TX 75033 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman 844 386-0178
Area Code Daytime Telephone Number Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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 605.01	Florida Statutes, the und	lersigned,	
Legalinc Corporate S	ervices, Inc.		, hereby resigns as	
	lame of Registered Age	ent		
Registered Agent for	VICTOR	VICTOR DALE NICHOLS CONTRACTING LLC		
	Name of Lir	nited Liability Company		<u>,</u>
L170002	258416			
Document Num	ber, if known			
A copy of this resignation	was mailed to the	above listed limited liability	y company at its last known addi	ress.
The agency is terminated : -	and the office disco	ontinued on the 31st day after the Signature of Resigning Agent	er the date on which this stateme	
If signing on behalf of an entity:				T 0797
		Chelsea Chapman		
Typed or Printed Name			-9	
on Behalf of Legalinc Corporate Services, Inc.		<u> </u>		
_		Capacity		2
				PH I2: 50
	FILING \$ 85.00 \$ 25.00		company /ed/ voluntarily dissolved/ lity company	

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