

L17000 258 497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y 2019

2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beckley's Drain Cleaning Services and Plumbing Repairs LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000258497

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:

Terry W. Beckley

Name of Person

Beckley's Drain Cleaning Services and Plumbing Rep:

Name of Firm/Company

419 Providence Rd Apt 109

Address

Brandon, FL 33511-4734

City/State and Zip Code

beckleydrainandrepair@gmail.com

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

For further information concerning this matter, please call:

Terry W. Beckley

813

638-5684

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115, Florida Statutes, the undersigned,

Kandace L. Nollie

, hereby resigns as

Name of Registered Agent

Registered Agent for

Beckley's Drain Cleaning Services and Plumbing Repairs, LLC

Name of Limited Liability Company

617000258497

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.

Kandace L. Nollie

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withdrawn limited liability company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

FILED
2019 NOV 18 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Shari Reyna
Shari Reyna
COMMISSION # GG251101
EXPIRES: August 21, 2022
Bonded Thru Aaron Notary