

L1700026165A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

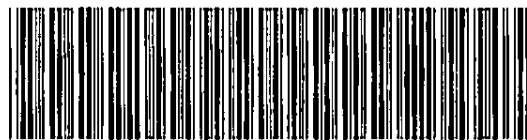
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000358158440

01/21/21--01014--013 **85.00

2021 JAN 21 PM 6:18
FILED

MAR 04 2021

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SAMPSON R. BEAN, LLC

SUBJECT: _____
Name of Limited Liability Company

L17000261654

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:

Alecia Andersen

Name of Person

Sampson R. Bean

Name of Firm/Company

235 3rd Ave. North Apt. 453

Address

St. Petersburg, FL 33701

City/State and Zip Code

Aleciaa@hotmail.com

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

For further information concerning this matter, please call:

Alecia Andersen

727

286-1286

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Alberto Rodriguez

_____, hereby resigns as

Name of Registered Agent

SAMPSON R. BEAN, LLC

Registered Agent for _____

Name of Limited Liability Company

L17000261654

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:

Alberto Rodriguez

Typed or Printed Name

Individually

Capacity

2021 JAN 21 PM 6:18

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