

L17000264491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

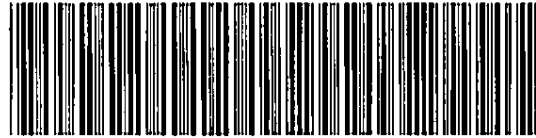
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 16 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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ST. JAMES CATHOLIC CHURCH

June 30, 2021

BRANDON SMILEY  
9456 GENNA TRACE TRL  
JACKSONVILLE, FL 32257

SUBJECT: VIRTUE CONTRACTING LLC  
Ref. Number: L17000264481

We have received your document for VIRTUE CONTRACTING LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 721A00015040

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2021 JUN 22 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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2021 JUN 22 AM 8:23  
RECEIVED  
CORPORATE RECORDS  
DIVISION  
FLORIDA DEPARTMENT OF STATE

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Virtue Contracting LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 82-3855474

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:

Brandon Smiley  
Name of Person

Virtue Contracting LLC  
Name of Firm/Company

9456 Gennatras Trl Jack  
Address

Jacksonville FL 32259  
City/State and Zip Code

brandon.smiley72@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Smiley at (541) 207 5221  
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  
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,

Nathaniel Carroll

Name of Registered Agent

, hereby resigns as

Registered Agent for

Virtue Contracting LLC

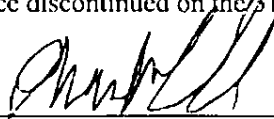
Name of Limited Liability Company

82-3855474

Document Number, if known

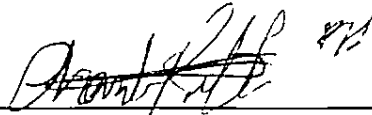
A copy of this resignation was mailed to the above listed limited liability company at its last known address.

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

2021 JUN 22 AM 8:23  
TALLAHASSEE, FL  
REC'D

## 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