

L18 000 0000 624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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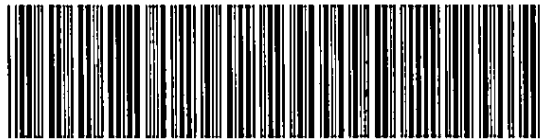
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
CIVIL SERVICE DIVISION

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MAY 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAILED IT! HANDYMAN SERVICES OF PANAMA CITY
Name of Limited Liability Company

DOCUMENT NUMBER: L180000000624

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:

LARRY FULCHER
Name of Person

Name of Firm/Company

4106 COBALT CIR.
Address

PC BEACH, FL. 32408
City/State and Zip Code

LARRYFULCHER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY FULCHER at (850) 890-1070
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CHRISTOPHER BRUCE COURTNEY, hereby resigns as
Name of Registered Agent

Registered Agent for NAILED IT! HANDYMAN SERVICES OF PANAMA CITY, LLC
Name of Limited Liability Company

L180000000624
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:

CHRISTOPHER BRUCE COURTNEY
Typed or Printed Name

OWNER
Capacity

APPROVED
AND
FILED
2019 MAY -3 PM 4:11
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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