

L18000034902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

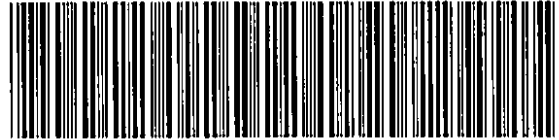
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

780 6340
~~6340~~

Office Use Only



500320003615

10/26/18--01014--020 **50.00

12/03/18--01002--001 **60.00

FILED

18 NOV 29 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 03 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2018

THOMAS B BARRETT JR
FEDORA BROTHERS LLC
7835 NEW YORK AVENUE
HUDSON, FL 34667

SUBJECT: FEDORA BROTHERS LLC
Ref. Number: L18000034902

We have received your document for FEDORA BROTHERS LLC and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$60.00. Please return a copy of this letter to ensure your money is properly credited.

The fee to resign as registered agent of an active limited liability company is \$85.00.

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 718A00023143

RECEIVED

2018 NOV 29 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FL

18 NOV 29 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TBB - FEDORA
~~FEDORA~~ BROTHERS
Name of Limited Liability Company

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:

THOMAS B BARRETT JR
Name of Person

TBB FEDORA
~~FEDORA~~ BROTHERS
Name of Firm/Company

7835 NEW YORK AVE
Address

HUDSON, FL 34667
City/State and Zip Code

TBARRETT100257@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LANCE LAVALLEE at (813) 570-9473
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

FILED
18 NOV 29 AM 10:45
SECRETARY 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,

THOMAS B BARRETT JR, hereby resigns as
Name of Registered Agent

Registered Agent for FEDORA BROTHERS
FEDORA BROTHERS
Name of Limited Liability Company

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]
Signature of Resigning Agent

If signing on behalf of an entity:

THOMAS B BARRETT JR
Typed or Printed Name
AGENT
Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 NOV 29 AM 10:45

FILED

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