

L18000039873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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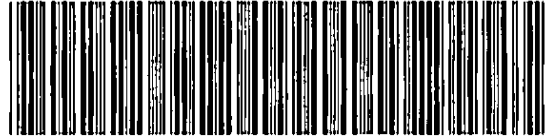
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

AUG 1 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFE HARBOUR TAX AND ACCOUNTING SERVICES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000039873

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:

MARK KUCA

Name of Person

SAFE HARBOUR TAX AND ACCOUNTING SERVICES LLC

Name of Firm/Company

7643 GATE PARKWAY, SUITE 104 PMB 155

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

markskuca@gmail.com

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

For further information concerning this matter, please call:

MARK KUCA

904

625-1388

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

LAW OFFICES OF JAMES D. ALLEN, ESQ. (JAMES D. ALLEN, ESQ.) , hereby resigns as

Name of Registered Agent

Registered Agent for SAFE HARBOUR TAX AND ACCOUNTING SERVICES LLC

Name of Limited Liability Company

L18000039873

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:

JAMES D. ALLEN, ESQ.

Typed or Printed Name

MANAGING PARTNER

Capacity

FILED
JUL 11 2014
CLERK OF STATE
TALLAHASSEE, FL

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