

L18000 042 051

(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



200332001612

07/22/19--01015--002 **85.00

FILED
2019 JUL 22 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FL

JUL 26 2019

J. Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reelin Bills, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000042051

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:

TUCKER LICATA
Name of Person

Name of Firm/Company

120 CANDYCE DR.
Address

OSPREY, FL 34229
City/State and Zip Code

TUCKER.LICATA1952@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TUCKER LICATA at (941) 726-4742
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

MICHAEL LANDER, hereby resigns as
Name of Registered Agent

Registered Agent for Reelin Bills, LLC
Name of Limited Liability Company

L18000042051
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:

MICHAEL LANDER
Typed or Printed Name

Capacity

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withdrawn limited liability company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

2019 JUL 22 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FL

FILED