

L18000070510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

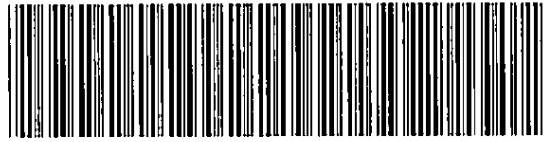
(Business Entity Name)

(Document Number)

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STATE

LAW OFFICES OF JAMES P. COVEY, P.A.

<p><u>VERO BEACH OFFICE</u> 1575 Indian River Blvd, Suite C-120 Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074</p>	<p><u>STUART OFFICE</u> 2207 South Kanner Highway Stuart, FL 34994 Telephone: 772.286.5820 Facsimile: 772.286.1505</p>
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James P. Covey, J.D., M.B.A.
Licensed to practice in Florida and Maryland

Robyn Haffield, Florida Registered & Sr. Paralegal/Firm Manager
Melanie B. Kelhoffer, Sr. Paralegal
Lorraine Szappan, Client Support Services
Rodney Black, Client Support Services

Merrily Minardi, Accounting Services
Debbie Hogsten, Accounting Services
Sierra Gullo, Paralegal
Gerard Scobie, Client Support Services

May 3, 2023

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: PRL & ASSOCIATES, LLC.

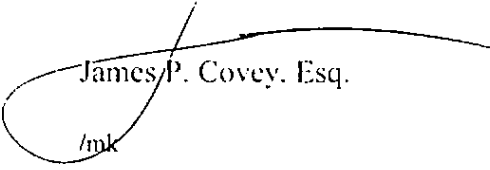
To Whom It May Concern:

Enclosed, you will find the following:

1. Cover Letter;
2. Statement of Resignation of Registered Agent for a Limited Liability Company;
3. Check No. 11533 in the amount of \$85.00 which represents the filing fee for the Statement of Resignation of Registered Agent for a Limited Liability Company;
4. Cover Letter;
5. Articles of Amendment to Articles of Organization of PRL & ASSOCIATES, LLC.;
6. Check No. 11534 in the amount of \$30.00 which represents the filing fee for the Articles of Amendment.

If you should need anything further to process the enclosures, please contact Melanie Kelhoffer at 772.770.6160. Thank you.

Sincerely,


James P. Covey, Esq.

/mk
enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRL & ASSOCIATES, LLC.

Name of Limited Liability Company

DOCUMENT NUMBER: L18000070510

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:

JAMES P. COVEY, ESQ.

Name of Person

JAMES P. COVEY, P.A.

Name of Firm/Company

1575 Indian River Boulevard, Suite C-120

Address

Vero Beach, FL 32960

City/State and Zip Code

office@jcoveylaw.com

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

For further information concerning this matter, please call:

James P. Covey, Esq.

at (772) 770.6160

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,

JAMES P. COVEY, ESQ.

, hereby resigns as

Name of Registered Agent

Registered Agent for PRL & ASSOCIATES, LLC.

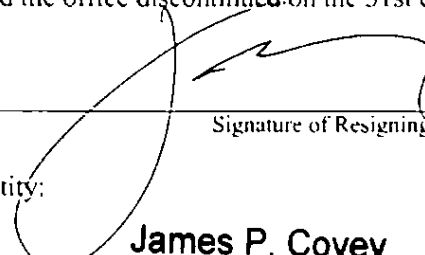
Name of Limited Liability Company

L18000070510

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 P. Covey

Typed or Printed Name

Capacity

2003 MAY -8 PM 4:57
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