

L180000 73540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

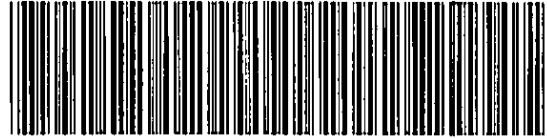
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE FLORIDA

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D. BRUCE
FEB 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shore Tents and Events LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000073540

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:

Shawn Power

Name of Person

Shore Tents and Events LLC

Name of Firm/Company

2229 Capri dr.

Address

Clearwater, FL 33763

City/State and Zip Code

info@shoretentsandevents.com

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

For further information concerning this matter, please call:

Michael Power

at (727) 9003808
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Michael Power

, hereby resigns as

Name of Registered Agent

Registered Agent for Shore Tents and Events LLC

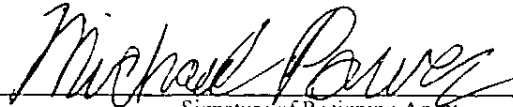
Name of Limited Liability Company

L18000073540

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:

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 JAN 29 PM 3:15
TALLAHASSEE FLORIDA
SECRETARY OF STATE

FILED