

418 000 125448

(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



500331911695

07/29/19--01029--013 **65.00

FILED
2019 JUL 29 AM 10:12
JUL 29 2019

Y SULKER

AUG 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tipper Transportation LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000125448

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:

Christopher Campione, Esq.

Name of Person

Campione Law, P.A.

Name of Firm/Company

3200 Emerson Street

Address

Jacksonville, FL 32207

City/State and Zip Code

CC@campionelawpa.com

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

For further information concerning this matter, please call:

Christopher Campione, Esq.

Name of Person

at (904) 990-8400

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Kendall D. Tipper

Name of Registered Agent

, hereby resigns as

Registered Agent for Tipper Transportation LLC

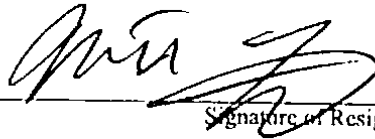
Name of Limited Liability Company

L18000125448

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

2019 JUL 29 AM 12:12

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