

L18 000 139 261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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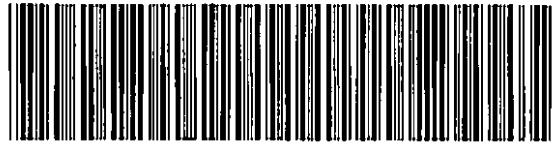
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/06/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nordic & Sons All Phase Maintenance and Repair, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L18000138261

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:

Dana Blomseth

Name of Person

Nordic & Sons All Phase Maintenance and Repair, LLC

Name of Firm/Company

20010 SW 112th Ave

Address

Miami, FL 33189

City/State and Zip Code

nordicandsons@gmail.com

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

For further information concerning this matter, please call:

Dana Blomseth

Name of Person

at ( 786 )

Area Code

899-7000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Dana Blomseth, hereby resigns as  
Name of Registered Agent

Registered Agent for Nordic & Sons All Phase Maintenance and Repair, LLC

Name of Limited Liability Company

L18000138261

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.

Dana Blomseth  
Signature of Resigning Agent

If signing on behalf of an entity:

Dana Blomseth

Typed or Printed Name

Registered Agent

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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