

L18 000 139 261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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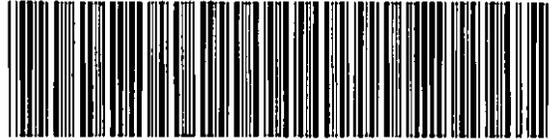
(Business Entity Name)

(Document Number)

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2020 AUG 19 PM 1:46  
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 at ( 786 ) 899-7000  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

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

INHS17 (2/14)

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 AUG 19 PM 1:46

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