L18000146643

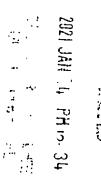
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February 17, 2021

MICHAEL MENCIANO 6749 FINCANNON RD JACKSONVILLE, FL 32277

SUBJECT: UNDERTOW SERVICES LLC

Ref. Number: L18000146643

We have received your document for UNDERTOW SERVICES LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00003532

Octavia L Simmons Regulatory Specialist II Supervisor

COVER LETTER

SUBJECT:____ Name of Limited Liability Company DOCUMENT NUMBER: L18000146643 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: MICHAEL MENCIANO Name of Person UNDERTOW SERVICES LLC Name of Firm/Company 6749 FINCANNON ROAD Address JACKSONVILLE, FLORIDA 32277 City/State and Zip Code MMENCIANO@COMCAST.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL MENCIANO Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Registration Section Division of Corporations

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

and the same of th

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statut	es, the undersigned.
COLBY PINKSTAFF	, hereby resigns as
Name of Registered Agent	
Registered Agent for UNDERTOW SERVICES LLC	
Name of Limited Liability Com	pany
1.18000146643	
Document Number, if known	
A copy of this resignation was mailed to the above listed limi	ted liability company at its last known address.
The agency is terminated and the office discontinued on the 3	Hst day after the date on which this statement is filed.
Signature of Resi	2 2 A
If signing on behalf of an entity:	
Typed or Printed Nam	me
Capacity	

FILANG 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