

218000214317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

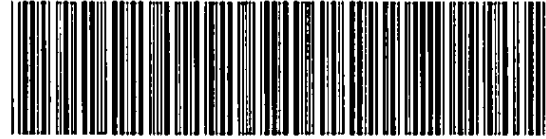
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY 21 AM 10:04

Re Resignation

JUN 07 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FYF AGAIN, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000214317

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:

PAM MCKINNEY CPA

Name of Person

SUMMIT QUEST INC

Name of Firm/Company

3433 E GULF TO LAKE HWY

Address

INVERNESS, FL 34453

City/State and Zip Code

PAMMCKINNEYUS@GMAIL.COM

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

For further information concerning this matter, please call:

PAM MCKINNEY CPA

at (352) 584-1498

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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DIVISION OF CORPORATIONS
191221 AM 10:04

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

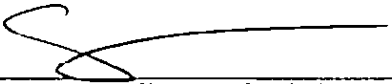
SUMMIT QUEST INC _____, hereby resigns as
Name of Registered Agent

Registered Agent for FYF AGAIN LLC _____
Name of Limited Liability Company

L18000214317 _____
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:

PAMELA R MCKINNEY _____
Typed or Printed Name
OWNER/VP _____
Capacity

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DIVISION OF CORPORATIONS
19 MAY 21 AM 10:04

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