

L18 000 237517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

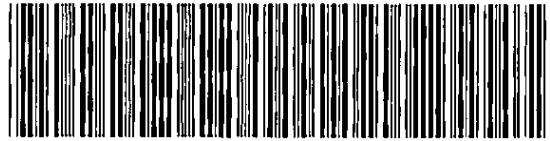
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUN 28 2024

Office Use Only



500430392425

05/24/24--01020--004 \*\*85.00

2024 JUN 28 11:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EHS Construction Services, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000237517

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 M. Harné, Esq.

Name of Person

Willis & Oden, PL

Name of Firm/Company

390 N. Orange Avenue, Suite 1600

Address

Orlando, FL 32801

City/State and Zip Code

ehsconstruction01@yahoo.com

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

For further information concerning this matter, please call:

Christopher M. Harné, Esq.

Name of Person

at (407) 903-9939  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Willis and Oden

, hereby resigns as

Name of Registered Agent

Registered Agent for EHS Construction Services, LLC

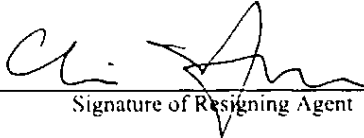
Name of Limited Liability Company

L18000237517

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:

Christopher Harne  
Typed or Printed Name

Attorney  
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