

1180000262275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

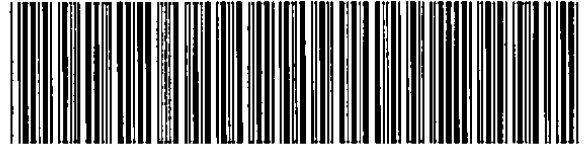
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/16/19--01005--007 **25.00

FILED
2019 MAY 16 A 10 35
TALLAHASSEE, FLORIDA

D SCOTT

JUN - 4 2019

COVER LETTER

TO: Registration Section
Division of Corporations

OutVision LLC

SUBJECT: _____
Name of Limited Liability Company
L18000262275

DOCUMENT NUMBER: _____

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:

Joshua Carlson

Name of Person

OutVision LLC

Name of Firm/Company

336 E NEW YORK AVE. P.O. 855

Address

DELAND, FL 32724 US

City/State and Zip Code

jcarlson@outvision.com

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

For further information concerning this matter, please call:

Joshua Carlson

386 785-5873

Name of Person at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2013 MAY 16 A 11:35
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Erik Scott Penfield

, hereby resigns as

Name of Registered Agent

OutVision LLC

Registered Agent for

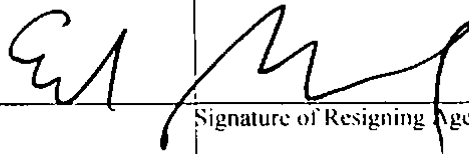
Name of Limited Liability Company

L18000262275

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:

Erik Scott Penfield

Typed or Printed Name

Manager

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

FILED
2019 MAY 16
4:25
TALLAHASSEE, FLORIDA