

L18000278765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

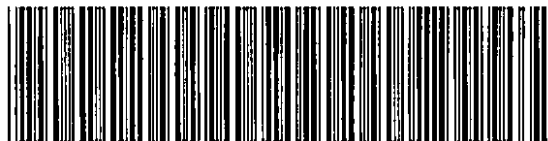
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500358672535

01/25/21--01021--015 **85.00

2021 JAN 25 PM 2:05
RECEIVED
CLERK OF SUPERIOR COURT
JAN 25 2021

O SIMMONS
FEB 25 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frobozz Magic Beans

Name of Limited Liability Company

DOCUMENT NUMBER: L18000278765

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:

Gerald Fitzgerald

Name of Person

Frobozz Magic Beans

Name of Firm/Company

3400 Burkholm Rd

Address

Mims, FL 32754

City/State and Zip Code

gerry.fitzgerald@frobozzmagic.com

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

For further information concerning this matter, please call:

Gerald Fitzgerald

at (321) 503-2069

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

VCORP SERVICES, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for FROBOZZ MAGIC BEANS, LLC

Name of Limited Liability Company

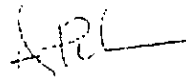
L18000278765

Document Number, if known

2021 JAN 25 PM 2:05

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:

Anthony Palazzo

Typed or Printed Name

Assistant Secretary

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