

L19000008388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

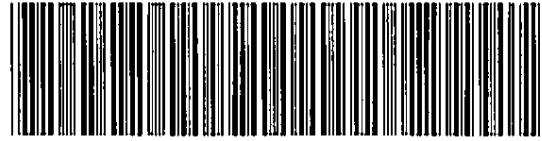
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/23/20

Richard Hussey
Advised that the
RA Address was
the same, OK to Add

Office Use Only



300342762683

\$85.00

04/09/20--01006--013 **140.00

FILED
2020 APR -9 PM 4:19

RA/Res

APR 23 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carter J Communications, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000008388

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:

Richard J Hussey
Name of Person

Carter J Communications, LLC
Name of Firm/Company

1271 Dockside drive
Address

Lutz, FL 33559
City/State and Zip Code

annmarie@carterjcommunications.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Hussey at (941) 786-8483
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

John E Hussey hereby resigns as
Name of Registered Agent

Registered Agent for Carter J Communications, LLC
Name of Limited Liability Company

L19000008388
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.

John E Hussey
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

STATE DEPARTMENT OF REVENUE
2020 APR -9 PM 4:20
FILED