

219 0000 346 C5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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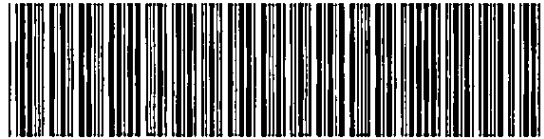
(Business Entity Name)

(Document Number)

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C. BRUMBLEY  
FEB 22 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Precision Pavers and Pools Design LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000034605

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:

Samuel Castro  
Name of Person

Precision Pavers and Pools Design LLC  
Name of Firm/Company

810 SE 8th Ave  
Address

Deerfield beach, FL, 33441  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sam at ( 954 ) 200-3501  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Nathan Lima, hereby resigns as  
Name of Registered Agent

Registered Agent for Precision Pavers and Pools Design LLC  
Name of Limited Liability Company

L19000034605  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

/  
Typed or Printed Name  
/  
Capacity

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2022 FEB 11 AM 11:39  
TALLAHASSEE, FL

### **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