

L19 000039237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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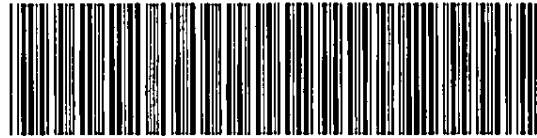
(Business Entity Name)

(Document Number)

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2022 DEC 22 AM 7:11

CLERK OF STATE  
TALLAHASSEE, FL

2022 DEC 22 AM 7:11

FILED

3/8/2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M & M RENTALS OF FORT PIERCE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000039237

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:

FRANK H. FEE, III, ESQUIRE  
Name of Person

FEE, YATES & FEE, PLLC  
Name of Firm/Company

426 AVENUE A  
Address

FORT PIERCE, FL 34950  
City/State and Zip Code

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

For further information concerning this matter, please call:

FRANK H. FEE, III, ESQUIRE at (772) 461-5020  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

2022 DEC 22 AM 7:11

SECRETARY OF STATE  
TALLAHASSEE, FL

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

FRANK H. FEE, III

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for

\_\_\_\_\_  
M & M RENTALS OF FORT PIERCE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

1.19000039237

\_\_\_\_\_  
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:

\_\_\_\_\_  
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