

219000044110

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STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGACY CUSTOM WOODWORKING AND CABINETRY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000044110

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:

Timothy Hobbs

Name of Person

LEGACY CUSTOM WOODWORKING AND CABINETRY, LLC

Name of Firm/Company

30 5th Avenue, Building B

Address

Vero Beach, FL 32962

City/State and Zip Code

LEGACYCUSTOMWOODWORKING@GMAIL.COM

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

For further information concerning this matter, please call:

Timothy Hobbs

at (772) 564-1008

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Dale J. Dunayczan _____, hereby resigns as
Name of Registered Agent

Registered Agent for LEGACY CUSTOM WOODWORKING AND CABINETRY, LLC

Name of Limited Liability Company

L19000044110

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.

Dale J. Dunayczan
Signature of Resigning Agent

If signing on behalf of an entity:

DALE J. DUNAYCZAN
Typed or Printed Name
PRESIDENT
Capacity

FILED
2023 JUN -4 AM 11:34
TALLAHASSEE, FL
STATE

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withdrawn limited liability company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