

L19000105677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

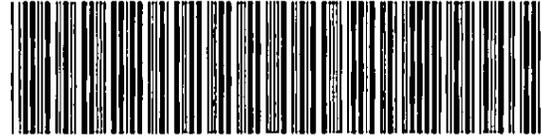
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200353332672

10/09/20--01011--025 \*\*85.00

FILED  
2020 OCT -9 AM 11:23  
CLERK OF STATE  
TALLAHASSEE, FL

10/11/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cutting Edge Carpentry of Volusia, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000105677

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:

Bridget Huff

Name of Person

Name of Firm/Company

640 North Wild Olive Ave.

Address

Daytona Beach, FL 32118

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at ( 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

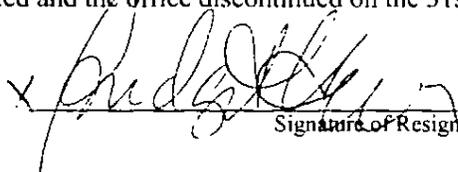
Bridget Huff (erroneously listed as Bridget Starr) \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Cutting Edge Carpentry of Volusia LLC \_\_\_\_\_  
Name of Limited Liability Company

L19000105677 \_\_\_\_\_  
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

FILED  
2020 OCT -9 AM 11:23  
DIVISION OF STATE  
TALLHASSEE, 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