

L19000151652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

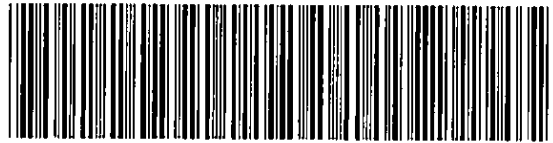
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200415493362

09/22/23--01001--004 **25.00

RECEIVED

2023 SEP 21 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2023 SEP 21 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <i>Horizon Structural</i> <i>Developers, LLC</i>	FOR OFFICE USE ONLY

PICK ONE:

___ CERTIFIED COPY ☒ PHOTOCOPY ___ C.U.S.

FILING:

___ CORPORATION ___ LLC ___ LIMITED PARTNERSHIP ___ GENERAL PARTNERSHIP

___ FICTITIOUS NAME ___ SERVICE MARK/TRADEMARK ___ AMENDMENT

___ FOREIGN QUALIFICATION ___ JUDGMENT LIEN

☒ OTHER *R.A. Resignation*

RETRIEVAL:

___ GOOD STANDING CERT/C.U.S. ___ CERTIFIED COPY ___ PHOTOCOPY

Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE *9/21/23* TIME _____

Notes: _____

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Advanced Filing and Retrieval Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for HORIZON STRUCTURAL DEVELOPERS, LLC

Name of Limited Liability Company

L19000151652

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:

Weimar Lopez

Typed or Printed Name

Secretary

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 SEP 21 AM 9:50

FILED

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withdrawn limited liability company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