

L19000151652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

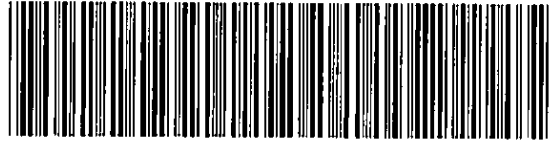
(Business Entity Name)

(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: 5  
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](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://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     SERVICEMARK/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**