

L19 000198757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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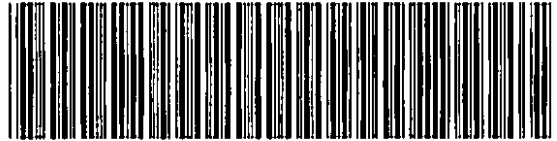
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

cf 3/31/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Chemical Solutions, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000198757

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:

Barbara Chanton
Name of Person

Premier Chemical Solutions
Name of Firm/Company

5985 S Chestnut Terrace
Address

Leesburg FL 34461
City/State and Zip Code

Barb@premierchemicalsolutions.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Chanton at (352) 503-6282
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Jennifer A Fitzgerald, hereby resigns as
Name of Registered Agent

Registered Agent for Premier Chemical Solutions LLC

Name of Limited Liability Company

C19000198757
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.

JAF
Signature of Resigning Agent

If signing on behalf of an entity:

Jennifer Fitzgerald
Typed or Printed Name

Member
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

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STATE OF FLORIDA
TALLAHASSEE, FL