

L19000208382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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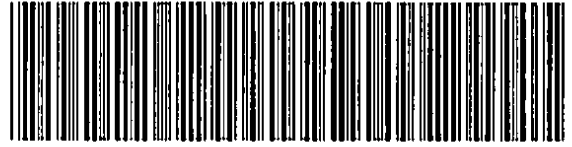
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** I & B UNIVERSAL CONSTRUCTION LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000208382

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:

Zoran Pajkanovic

Name of Person

Our Bookkeepers Inc

Name of Firm/Company

13500 Beach Blvd Ste 45

Address

Jacksonville, FL 32224

City/State and Zip Code

info@ourbookkeepers.com

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

For further information concerning this matter, please call:

Zoran Pajkanovic

Name of Person

at ( 904 ) 425-1238  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Bledi Xhaferi \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for I & B UNIVERSAL CONSTRUCTION LLC  
\_\_\_\_\_

Name of Limited Liability Company

L19000208382  
\_\_\_\_\_

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:

Bledi Xhaferi  
\_\_\_\_\_

Typed or Printed Name

Registered Agent  
\_\_\_\_\_

Capacity

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2021 DEC 20 AM 9:51  
CLERK OF STATE  
TALLAHASSEE, 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**