

60000007295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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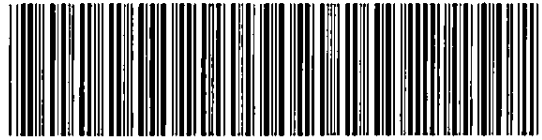
(Business Entity Name)

(Document Number)

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6/11/19

R. HUNT
03/12/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schwier Construction LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000007295

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:

Jennifer O'Brien

Name of Person

Schwier Construction LLC/ JD Aluminum and Fabrication

Name of Firm/Company

916 SE 5th Street

Address

Stuart, FL 34994

City/State and Zip Code

schwier916@gmail.com

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

For further information concerning this matter, please call:

Jennifer O'Brien

at (772) 631-1559

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Dale Schwier _____, hereby resigns as

Name of Registered Agent

Registered Agent for Schwier Construction LLC

Name of Limited Liability Company

L20000007295

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.

Dale Schwier
Signature of Resigning Agent

If signing on behalf of an entity:

Dale Schwier

Typed or Printed Name

100%

Individual
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