

L200000 53330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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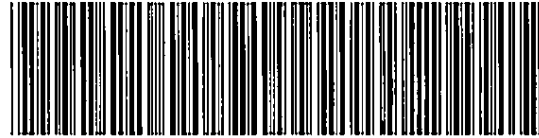
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
STATE OF CONNECTICUT
JUDICIAL BRANCH

R2 Resignation

APR 23 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONWIDE MOVERS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000053330

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:

ESTELA PASCALE
Name of Person

NATIONWIDE MOVERS LLC
Name of Firm/Company

1928 DEL PRADO BLVD S
Address

CAPE CORAL FL 33990
City/State and Zip Code

BULJP69@EMBARQMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTELA PASCALE at (239) 243-7849
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

20 APR 10 AM 11:07

STATE OF FLORIDA
DIVISION OF CORPORATIONS

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

JAMES HASSON, hereby resigns as
Name of Registered Agent

Registered Agent for NATIONWIDE MOVERS LLC
Name of Limited Liability Company

L20000053330
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.

James Hasson
Signature of Resigning Agent

If signing on behalf of an entity:

JAMES HASSON
Typed or Printed Name
REGISTERED AGENT
Capacity

20 APR 10 AM 11:07

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