120000058341

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UI	P WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions	s to Filina Officer		
opoolal mistraction.	o to t ming officer.		

Office Use Only



300355803463

12/07/20--01029--021 ++25.00

2021 HAR 23 PM 5: 21
SECRETARY OF STATE
TARK ABASSES EN

routoisossia

ם כטכווווס

COVER LETTER

Registration Section TO: Division of Corporations L&L PROFESSIONAL SOLUTIONS, "LLC" SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Linda D'Agostino (Contact Person) L&L Professional Solutions, "LLC" (Firm/Company) 8235 Palm Gate Drive (Address) Boynton Beach, FL 33436 (City/State and Zip Code) For further information concerning this matter, please call: Linda D'Agostino 716 812-6726 _ at (_ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



January 23, 2021

LINDA D'AGOSTINO L&L PROFESSIONAL SOLUTIONS, "LLC" 8235 PALM GATE DRIVE BOYNTON BEACH, FL 33436

SUBJECT: L&L PROFESSIONAL SOLUTIONS, "LLC"

Ref. Number: L20000058341

We have received your document for L&L PROFESSIONAL SOLUTIONS, "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot file a resignation of registered agent and officer/Manager/Owner on a Dissociation or Resignation of Member form. You will have to file a Registered Agent Resignation form to resign as registered agent. See attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 721A00001550

I want my name removed from the L+L Professional Solutions "LC" as a Officer/member + Registered Ligent.



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216. Florida Statutes)

	limited liability company as it appears on the records of the Florida Departi L&L PROFESSIONAL SOLUTIONS, "LLC"	ment
2. The Florida doc 1.200000583-	ment/registration number assigned to this limited liability company is:	
	nber/manager withdrew/resigned or will withdraw/resign is:	
Linda D'Agosti 4. I	hereby withdraw/resign as a	
Registered Agen	und Officer/Manager/Owner Limanager Owner Print Titler	
of this limited li- resignation in w	oility company and affirm the limited liability company has been notified of ting.	f my
Signature of E	DAS (20/20)0 ssociating Member or Resigning Mahager	
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	