

L20000128024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

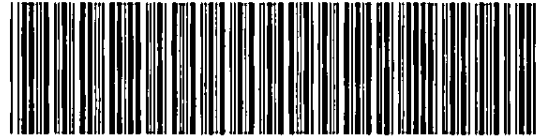
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP 21 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FL

Jax 10/26/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & K Walker's Enterprise LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000128024

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:

Brandon A. Stanko
Name of Person

Brandon Stanko PA
Name of Firm/Company

301 W Bay St Ste 14132
Address

Jacksonville FL 32202
City/State and Zip Code

brandon@brandonstanko.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Stanko at (904) 357-0493
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Jasmine Brown _____, hereby resigns as

Name of Registered Agent

Registered Agent for A & K Walker's Enterprise LLC

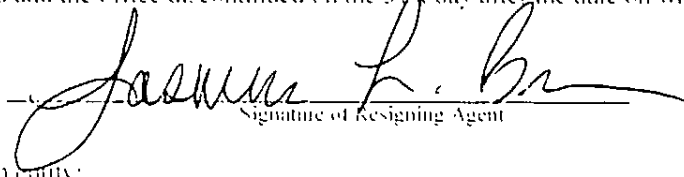
Name of Limited Liability Company

L200001280204

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:

Typed or Printed Name

Capacity

2020 SEP 21 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved, voluntarily dissolved
or 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