

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2000137927

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BEGGS & LANE
Account Number : I20020000155
Phone : (850)432-2451
Fax Number : (850)469-3331

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: KEANEROGERS@NOCAPHOLDINGSLLC.com

LLC REGISTERED AGENT RESIGNATION
NO CAP HOLDINGS, LLC

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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NO CAP HOLDINGS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000137927

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:

ROBERT L. JONES, III, ESQ.

Name of Person

Name of Firm/Company

501 COMMENDENCIA STREET

Address

PENSACOLA, FL 32502

City/State and Zip Code

KEANEROGERS@NOCAPHOLDINGSLLC.COM

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

For further information concerning this matter, please call:

ROBERT L. JONES, III, ESQ.

850 432-2431

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

ROBERT L. JONES, III

, hereby resigns as

Name of Registered Agent

Registered Agent for NO CAP HOLDINGS, LLC

Name of Limited Liability Company

L20000137927

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

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

INHS17 (2/14)

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AND
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CORPORATION STATE
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