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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

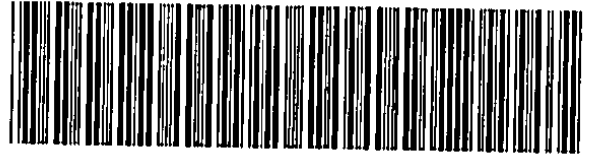
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2021 AUG 30 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FL 32399

09/03/2021
JH



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2021 AUG 30 PM 2:47

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2021

JACK PHILLIPS
244 SE CEPHANS LISTON RD
BRANFORD, FL 32008 US

SUBJECT: NORTH FLORIDA GENERATORS, LLC
Ref. Number: L20000176970

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 321A00019007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH FLORIDA GENERATOR LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000176970

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:

Jack Phillips

Name of Person

J Phillips Electric, Inc.

Name of Firm/Company

244 SE Cephas Liston Rd.

Address

Branford, Fl. 32008

City/State and Zip Code

Jphillipselectric@gmail.com

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

For further information concerning this matter, please call:

Jack Phillips

Name of Person

at (727) 858-0687
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,

Jack Phillips

, hereby resigns as

Name of Registered Agent

Registered Agent for NORTH FLORIDA GENERATOR

Name of Limited Liability Company

L20000176970

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.

Jack Phillips 8/27/21
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

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2021 AUG 30 PM 5:38
SECRETARY OF STATE
TALLAHASSEE, FL