

L20000 245-389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

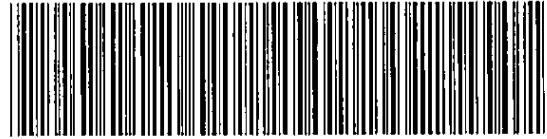
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100434919911

8-19-24 01016-022
\$35.00

FILED
2024 AUG 19 PM 12:43
TALLAHASSEE, FL
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schutz Engineering, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000265389

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:

D. Frank Wright
Name of Person

Wright, Fulford, Moorhead & Brown, P.A.
Name of Firm/Company

505 Maitland Avenue, Suite 1000
Address

Altamonte Springs, FL 32701
City/State and Zip Code

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

For further information concerning this matter, please call:

D. Frank Wright at (407) 425-0234
Name of Person Area Code Daytime Telephone Number

FILED
2024 AUG 19 PM 12:43
STATE OF FLORIDA
TALLAHASSEE, FL

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

D. Frank Wright _____, hereby resigns as

Name of Registered Agent

Registered Agent for _____

Schutz Engineering, LLC

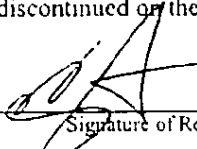
Name of Limited Liability Company

L20000265389

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:

D. Frank Wright

Typed or Printed Name

Shareholder/Authorized Agent

Capacity

FILED
2024 AUG 19 PM 12:43
TALLAHASSEE, FL

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