

h20000290358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

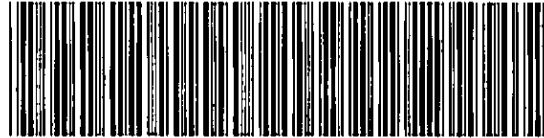
(Business Entity Name)

(Document Number)

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R/A Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FISH BETS MEDIA LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000290388

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:

ADAMS, ANGELIKA M

Name of Person

FISH BETS MEDIA LLC

Name of Firm/Company

10070 VALIANT COURT 102

Address

MIROMAR LAKES, FL 33913

City/State and Zip Code

AllFloridaRoofing@gmail.com

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

For further information concerning this matter, please call:

Joshua W. Campbell

Name of Person

239

at (_____) _____
Area Code

~~822 7179~~

Daytime Telephone Number

822-8663

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ADAMS, ANGELIKA M

, hereby resigns as

Name of Registered Agent

Registered Agent for FISH BETS MEDIA LLC

Name of Limited Liability Company

1.20000290388

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.

Angelika Adams

Signature of Resigning Agent

If signing on behalf of an entity:

Angelika Adams

Typed or Printed Name

Registered Agent

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

2017 APR 25 PM 6:14