

L21000057525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

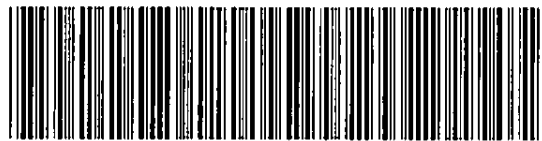
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SEP 1 2011

Office Use Only



800434520878

09/04/24--01044--010 **85.00

SEP 1 2011
11:53
09/04/24

CF-85.00

Amend.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evolve Construction LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000057525

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:

Ahmed Darkawi

Name of Person

Evolve Construction LLC

Name of Firm/Company

3606 Enterprise Ave., Suite 200

Address

Naples, FL 34104

City/State and Zip Code

ahmed@evolveconstructionfl.com

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

For further information concerning this matter, please call:

Ahmed Darkawi

Name of Person

at (612) 800-4999

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

David Bear _____, hereby resigns as

Name of Registered Agent

Registered Agent for Evolve Construction, LLC

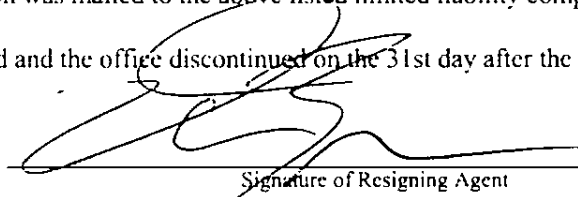
Name of Limited Liability Company

L21000057525

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

FILED
2024 SEP 11 PM 1:56
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT