

L21000260457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

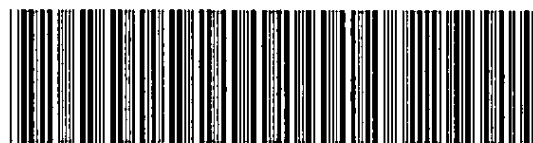
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JAN 26 PM 1:12

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

PALMIT SYSTEMS, LLC

SUBJECT: _____
Name of Limited Liability Company

1,21000260457

DOCUMENT NUMBER: _____

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:

KIRK DUCHESNE

Name of Person

PALMIT SYSTEMS, LLC

Name of Firm/Company

10329 MALVASIA AVE

Address

RIVERVIEW, FL 33578

City/State and Zip Code

kirk.duchesne@palmitsystems.com

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

For further information concerning this matter, please call:

KIRK DUCHESNE

813

858-3020

at (_____)

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ALIRIS ALICEA

hereby resigns as

Name of Registered Agent

PALMETT SYSTEMS, LLC

Registered Agent for

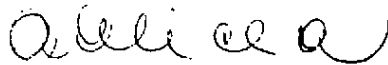
Name of Limited Liability Company

L21000260457.

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:

ALIRIS ALICEA

Typed or Printed Name

COO

Capacity

FILED
2023 JUN 26 PM 1:12
CLERK OF STATE
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