# L21000304773

(F	Requestor's Name)			
(/	Address)	<del></del>		
(/	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Statu	5		
Special Instructions to Filing Officer.				





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#### **COVER LETTER**

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one Number
one Number
no 5.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

**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 provis	sions of section 605.0115. Florida St	atutes, the undersigned.
Agents inc, Registered	ſ	. hereby resigns as
	Name of Registered Agent	. Hereby resigns as
Registered Agent for		
PRECISION JUNK R	EMOVAL LLC	
	Name of Limited Liability (	Company
1.21000304773		
Document	Number, if known	
_		limited liability company at its last known address.  the 31st day after the date on which this statement is filed.
	David X	Posigning Agent
If signing on behalf o	f an entity:	
	David Roberts	
	Typed or Printed	Name
	Assistant Secretary	
	Capacity	<del></del>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

#### **COVER LETTER**

SUBJECT:	Name of Limited Liabi	lity Company
DOCUMENT NUMBER: L2100		
The enclosed Resignation of Reg for filing.	gistered Agent for a Lim	ited Liability Company and fee are submitted
Please return all correspondence	concerning this matter t	o the following:
Ryan Potter		
Name of Pe	erson	<del></del>
ZenBusiness Inc.		
Name of Firm/	Company	<del>_</del>
336 E. College Ave. Suite 301		
Addres	S	<del></del>
Tallahassec, FL 32301		
City/State and	Zip Code	
ra@zenbusiness.com		
E-mail address: (to be used for fu	ture annual report notificatio	n)
For further information concerni	ng this matter, please ca	II:
Ryan Potter	844 at (	493-6249
Name of Person	Area Co	ode 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

Registration Section Division of Corporations

TO:

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	sions of section 605.0115, F	orida Statutes, the undersigned,
Agents inc, Registere	d	harahy racione as
Name of Registered Agent		, hereby resigns as
Registered Agent for		
PRECISION JUNK F	REMOVAL LLC	
	Name of Limited	Liability Company
L21000304773		
Documen	t Number, if known	•
A copy of this resign	ation was mailed to the abov	e listed limited liability company at its last known address.
The agency is terming	ated and the office discontin	ued on the 31st day after the date on which this statement is filed.
	<u>Ju</u>	nature of Resigning Agent
If signing on behalf	of an entity:	
	David Roberts	
	Typed	or Printed Name
	Assistant Secretary	
	-	apacity approximate the second

\$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

INHS17 (2/14)