

K21 000416567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

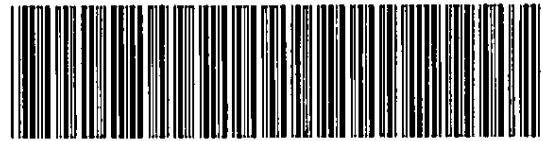
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 AUG 24 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 FEB 24 PM 12:11

ATTENTION
REGISTRATION
DIVISION

August 2, 2022

FARAH CRUZ
FAIL SAFE ACCOUNTING
20 S. ROSE AVENUE SUITE 4
KISSIMMEE, FL 34741

SUBJECT: BEDNWHEELS LLC
Ref. Number: L21000416567

We have received your document for BEDNWHEELS LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 322A00017267

August 10, 2022

To Whom it May Concern:

We have enclosed the document to resign as the registered agent for BEDNWHEELS LLC. Please apply the previous payment sent with the original documents.

Kind Regards,

Karla Ortiz
Customer Service Representative
20 S. Rose Ave Suite 4
Kissimmee, FL 34741
Office (407) 201-7988
Fax (407) 483-5833
www.FailSafeTax.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEDNWHEELS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000416567

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:

FARAH CRUZ

Name of Person

FAIL SAFE ACCOUNTING LLC

Name of Firm/Company

20 S ROSE AVE. SUITE 4

Address

KISSIMMEE, FL 34741

City/State and Zip Code

INFO@FAILSAFETAX.COM

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

For further information concerning this matter, please call:

FARAH CRUZ

Name of Person

at (407)
Area Code

201-7988

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,

FAIL SAFE ACCOUNTING LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for BEDNWHEELS LLC

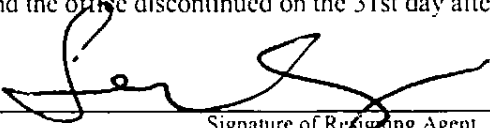
Name of Limited Liability Company

L21000416567

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:

FARAH CRUZ

Typed or Printed Name

PRESIDENT

Capacity

SECRETARY OF STATE
TALLAHASSEE, FL

2022 AUG 24 PM 4:39

FILED

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